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May 30, 1957

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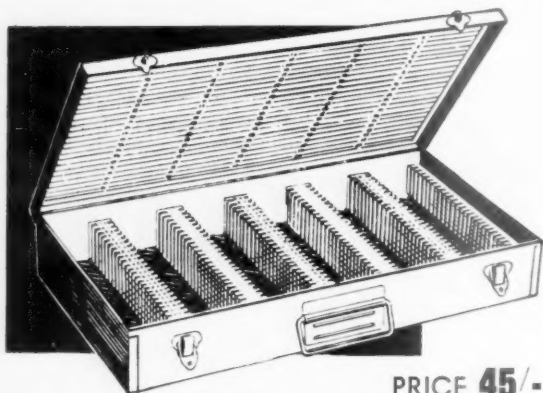
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EXAMINATIONS

Preliminary Examination:

commences November 20.

Entries close November 6.

Final Examination:

commences August 26.

Entries close August 5.

Intermediate Examination:

commences November 4.

Entries close October 14.

By Order of the Board,

360 Swanston St., F. C. KENT,
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PHARMACY QUALIFYING EXAMINATION

The next Qualifying Examination will commence at the University of Sydney on Thursday, August 15, 1957.

Time Table

Pharmaceutics I—Thursday, August 15, Morning.

Pharmaceutics II—Friday, August 16, Morning.

Prescription Reading—Friday, August 16, Afternoon.

Pharmaceutical Arithmetic—Monday, August 19, Afternoon.

Practical work commences on Tuesday, August 20. Entry forms are available from the Board only. Fee for part or whole of the examination is £3/3/-. Applications close with the last post on July 8, 1957.

Watch this column for further announcements.

P. E. COSGRAVE,
Registrar.

Fifth Floor,
Winchcombe House,
52 Bridge Street, Sydney.

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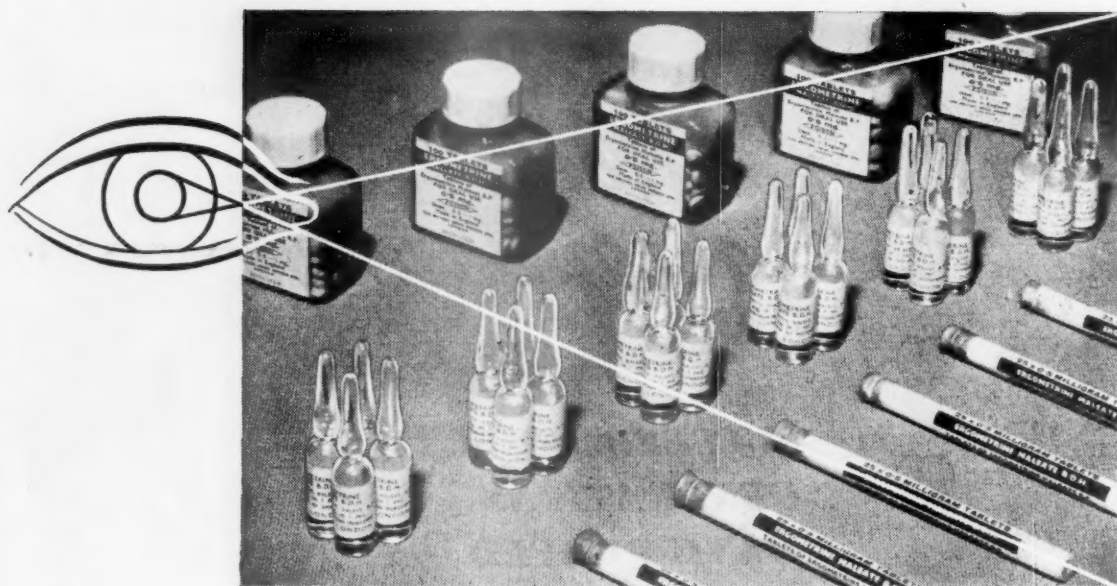
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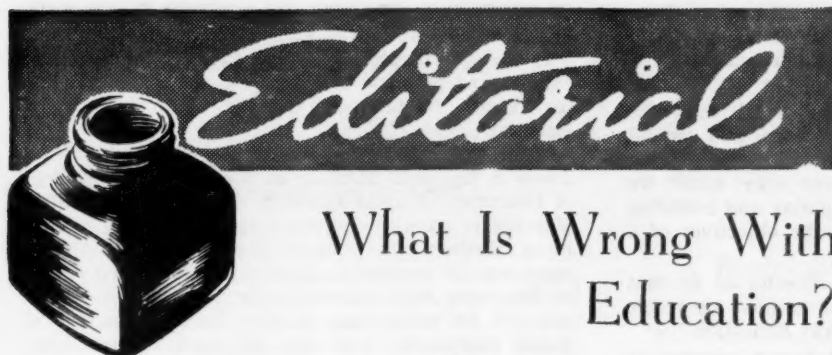
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New Series: Vol. 38—No. 449

Old Series: Vol. LXXII—No. 857

May 30, 1957

What Is Wrong With Pharmacy Education?

ALL over the English speaking world leaders are asking what is wrong with pharmaceutical education. Many and various reasons have been given and between them perhaps lies the truth. This is indeed a healthy sign. So long as there is interest; so long as capable men and women are questing for the ideal; so long as a sincere desire to place the teaching of pharmacy on the highest plane continues, there is little cause of pessimism.

Opinions as to what should be included in the pharmaceutical curriculum will be as numerous as the experts who hold them.

There are, and will continue to be, strongly diverging opinions as to the period at which and the method which should be adopted for acquiring practical experience in pharmacy which will give the optimum benefit.

Goodwill and co-operation between all organisations and sections in pharmacy which are involved is needed.

No one should lose sight of the fact that great changes are in progress. The outcome of these and their effects on pharmacy are uncertain. The whole system of training and preparation of men and women entering the profession, therefore, cannot reasonably be changed overnight; but change is inevitable.

We are inclined to agree with the view of Dr. Ernest Little, Dean Emeritus, College of Pharmacy, Rutgers University, U.S.A., who recently stated that in his opinion pharmaceutical education must continue to progress **in order to be something different tomorrow from what it is today**. He said he felt there was not much that was wrong with pharmaceutical education at the present time and that there was a great deal that was right. He was quite willing to accept the judgment of young men in the profession. "I am certain they will be right," he said.

The teachers of pharmacy and the pharmaceutical organisations are both vitally concerned with this problem. There should be strong liaison between them.

A practising pharmaceutical chemist, and he alone, has a working knowledge and experience of the routine of pharmaceutical practice. He knows better than anyone the techniques required for the efficient conduct of his dispensary.

The College of Pharmacy or the Faculty must, therefore, of necessity have the advice and the practical assistance of qualified pharmaceutical chemists available to it if it is to fulfil satisfactorily the function of providing efficient, properly trained pharmaceutical

chemists to meet the pharmaceutical services required by the community.

In this country the Pharmacy Boards are responsible for the registration of pharmaceutical chemists. For the most part these Boards are composed of registered pharmaceutical chemists. The scope of pharmaceutical courses and the conditions of the qualifying examinations are determined by Pharmacy Acts and Regulations administered by the Boards.

The Pharmaceutical Societies in several States participate directly in the arrangements for the education and training of pharmaceutical students. Where this is not possible the Societies surely should take interest and exert an influence in this most important field. Several fundamental principles should be kept in mind:

1. Pharmaceutical chemists do hold an honoured position in the community. This can only be held so long as they continue to have a superior basic education and are efficiently trained for the professional duties they must undertake.
2. The training of a pharmaceutical chemist cannot be completed satisfactorily without actual practical experience in a pharmacy or pharmaceutical establishment under the direction of a practising pharmaceutical chemist.
3. We must be prepared to keep an open mind and to jettison long-held opinions concerning the detail of the educational courses and the method by which practical training should be acquired.
4. All sections in pharmacy must be made conscious of the need which exists for securing adequate financial aid from governmental or other sources for establishing the teaching of pharmacy on a sound basis.

It is very interesting to note that recently the Editor of the American Journal of Pharmaceutical Education, which is the official publication of the American Association of Colleges of Pharmacy, invited a number of eminent men in the U.S.A. to write answers to the question "What is wrong with pharmaceutical education?" Some of the answers given follow:—

A. N. Jorgensen, President of the University of Connecticut, said the diagnosis was not a complex one for educators who had been interested in professional education. The main difficulty lies in the evolution of the professional curriculum in pharmacy and in the development of that programme beyond the High School. The same difficulty was experienced in the development of programmes of training for dentistry,

for medicine and in other professional areas. Since they faced the situation much earlier, we could benefit by their experience and profit by their mistakes.

The prognosis was that the cause of the ailment would continue as long as we fail to recognise the need for proper integration of professional and general education in the programmes of training. Termination of present weaknesses would come only when we enlisted the best of students for training and recruited able teachers who could interpret the objectives of a modern pharmacy.

R. A. Lyman, Jr., Ph.D., M.D., Director of Student Health Service, Idaho State College, entitled his article "What's **dangerous** to Pharmaceutical Education."

His opinion is that this hazard is not peculiar to pharmacy. It threatens the fields of medicine, dentistry, nursing and education as well. It becomes acute whenever the practitioners of a profession become too influential in the professional school.

Dr. Lyman said the professional people are expected to assume the intellectual and moral leadership of society. When I hear practitioners of any sort bewailing the fact that their calling is not as "professional" as it might be, I always wonder which they are yearning for—the honour, the responsibility or the lucre. Dr. Lyman further remarked that a profession requires the depth and breadth of knowledge that goes far beyond the immediate needs of the moment.

A profession also requires adherence to a recognised system of ethics. The definition of profession did not arbitrarily include any specific calling, nor did it exclude any. To the extent that a physician, a farmer, a pharmacist or a carpenter, or a teacher possessed practical knowledge and observed a system of ethics appropriate to his field, he was a professional man.

WHEN A COURSE OF STUDY NEGLECTED ANY OF THE ELEMENTS OF PROFESSIONAL TRAINING,

IT PRODUCED TRADESMEN RATHER THAN PROFESSIONAL MEN.

In the view expressed by Dr. Lyman pharmacy was emphasising practical technical training and neglecting the deeper fundamental training that was equally essential.

N. H. Meyer, Director of Market Research, Parke, Davis & Co., and Member of the President's College of Pharmacy, Alumni Advisory Committee, Ohio State University, gave the opinion that pharmacy needed more salesmen. The number aggressively selling pharmacy was all too small. He said also that our Colleges of Pharmacy must adequately provide trained people, not only for assignment in retail, hospital and institutional pharmacies, but also for research, education, management and other responsible positions in the pharmaceutical industry and in the profession. Colleges of Pharmacy, he said, must prepare and train graduates in pharmacy as educators who will be qualified to train undergraduate and graduate students, not only in the professional services but also in areas of good business practice.

The March, 1957, issue of "The South African Pharmaceutical Journal" publishes this statement:—

"We are in South Africa now embarked on a new phase in pharmaceutical training and education. The apprenticeship has been reduced, the academic training period increased, and a degree course has been instituted. Yet there are signs that the number of young people coming into pharmacy is dropping off."

This Journal then quotes passages from an address given by one of Britain's foremost pharmaceutical educationists, Mr. W. Maplethorpe, Ph.C., F.P.S. Concluding with the following: "There is no lack of opportunity in pharmacy. All three branches require first-class men and women. The financial rewards vary in the different branches, but in all of them there can be a reward of satisfying service to the public."

THE MONTH

News of Pharmaceutical Events at Home and Abroad

The First Associate Professorship in Pharmacy in Australia

A few months ago there appeared in the columns of the Journal a brief reference to the appointment of Dr. S. E. Wright as Associate Professor of Pharmacy in the University of Sydney. This appointment is one of greater significance than the very short note given to it might indicate.

First—it could be regarded as a most important step in progress to university status for pharmacy—the goal for which many have striven for a long time.

Second—it establishes a precedent in Australia which may influence further development in New South Wales and progress in other States.

Third—the appointment is given to a most worthy man of great ability and enthusiasm—one who enjoys the confidence of his academic colleagues and the members of the profession in Australia who know him.

Dr. Wright holds highest professional qualifications and has demonstrated in Queensland, in New Zealand and in New South Wales his interest in pharmaceutical education, capability as an organiser and a capacity for

dealing with the problems confronting those responsible for developing the teaching and training of pharmaceutical students.

The Standard of Technical and Professional Education

It is generally agreed that the standing in the community which the pharmaceutical chemist holds is due in measure to the superior standard of his education and professional training and that to retain the position which has been won the pharmaceutical chemist must retain a lead in general cultural education and scientific knowledge in his own field.

Sir Harold Roxbee Cox, Vice-Chairman of the National Council for Technological Awards, in an address at the Nottingham Technical College, on March 15, made the statement that no one must grow up without any education at all in science.

Sir Harold told his audience that his Council had found serious deficiencies in most technical colleges they visited, not only in halls of residence, common rooms, libraries, etc., but also in the bread and butter departments. No college they had visited had achieved standards which the Council regarded as appropriate.

The Sale of Chemicals to Minors

From time to time we are shocked by reports of serious injury resulting to young people when experimenting with explosive mixtures.

In Victoria in recent weeks there has been another tragedy in which a school boy using Potassium Chlorate and Sulphur was gravely injured and lost the sight of an eye. In a recent report from Canada it is stated that an exploding home-made bomb brought near-death to two 16-year-old Upper Canada College pupils and turned a workshop of a home into a shambles. One boy was found lying in a pool of blood. His right hand had been blown off. Commenting on this tragic occurrence, Prof. Joslyn Rogers, of the Attorney-General's laboratory, said: "The chemical set is perfectly harmless, but it looks as if something like a chlorate substance and sulphur had been used." The bomb exploded accidentally.

Potassium Chlorate can be purchased without restriction from pharmacies. It is a medicinal substance. It is not an explosive, and consequently does not fit readily into the poisons or explosives legislation.

There is, nevertheless, great need for the exercise of caution in regard to sales of this and other potentially dangerous chemicals. Ether and mixtures of ether as fuel for model aeroplanes should not be sold indiscriminately and never without proper warning.

Pharmaceutical chemists have a responsibility in these matters and a moral obligation.

The danger to juvenile experimenters possibly cannot

ever be completely removed, but every safeguard should be applied. Responsible authorities may, for example, consider the desirability or otherwise of prescribing the sale of potentially dangerous substances to children under a stated age. Although this may not be possible under the Explosives or Poisons legislation, some such provisions perhaps could be provided in the Crimes Acts or Police Offences Acts of the various States.

A Restrictive Trade Practices Bill in Victoria

Pharmaceutical chemists and other persons who know the protective value of price maintenance will view with some anxiety and watch closely the progress of the Monopolies and Restrictive Trade Practices Control Bill introduced in the Victorian Legislative Council by the Hon. William Slater on May 1, 1957.

Leave was granted for the introduction of the Bill, and the measure was brought in and read for the first time.

The passing of legislation of this nature in the United Kingdom has rendered illegal price maintenance agreements organisations as they have operated in the past, although P.A.T.A. has reorganised and is functioning in that country on a different basis and along lines which do not conflict with the new legislation.

More Prescriptions in the Future

During a debate in the House of Commons of the British Parliament on March 19, the cost of medicines was referred to by Dr. Edith Summerskill.

A report on the debate is published in "The Chemist and Druggist" of March 23, 1957.

Dr. Summerskill pointed out that the average cost of a prescription in December, 1955, was 4/6½, but in December, 1956, it was 5/5½.

Mr. Somerville Hastings later drew attention to a statement of Dr. Summerskill's that it was very likely that people would need more drug treatment in the future than in the past because the population was getting older and older people were more subject to illnesses. By means of drugs and medicines people who would have died 20 or 30 years ago were being kept alive. Many people with chronic tuberculosis were being kept alive by treatment with PAS. He suggested, therefore, that people would need more prescriptions in the future and he was sorry that the people who would need them most, i.e., the old people, would have to pay more.

Insufficient Direction on Labels

Pharmacy Regulations of most States require that directions shall be written on the labels of containers of dispensed medicines.

If the medicine is such that overdose will be dangerous, the directions should be clear and explicit.

Vague directions which may not convey specific instructions to the patient or the nurse fail to achieve the degree of safety intended.

This was the subject of comment at an inquest at Hove (England) on the death of a 66-year-old woman from gas poisoning and an overdose of Ephedrine and Phenobarbitone tablets. The empty bottle, which was found, was labelled: "To be taken as directed by the physician." The medical witness said that the directions on the bottle should be more specific, and the Coroner asked for inquiries to be made as to why there were no directions on the bottle.

Kodak Scholars in London

Mr. Alistair Lloyd, Kodak Travelling Scholar No. 3, arrived in London on March 26 and quickly went into action. Since then he has submitted to the Pharmaceutical Association Executive his first monthly report on work done in connection with his project.

Mr. Lloyd has met a number of Australian chemists and has been received by Pharmaceutical officers, Civil Defence and Service authorities. On his arrival in the U.K. he was met at St. Pancras station by Mr. George Landers, Kodak Travelling Scholar No. 2, whose sojourn overseas is drawing to a close.

Mr. Landers was awarded the Kodak Travelling Scholarship in 1955 under which he is spending two years in Europe studying the legal and sociological aspects of pharmacy.

Recently "The Future Pharmacist" published an article by Mr. Landers entitled "Pharmacy in Victoria—A Candid Guide to Would-be Emigrants." Many aspects of pharmacy in the State of Victoria were referred to, including the impact of health service on Australian health, the growth of industry, salaries payable, etc.

Medical Services in New Zealand

New Zealand newspapers recently published a statement attributed to the Minister of Health (Mr. J. R. Hanan) to the effect that he had papers placed before him concerning one doctor who made a claim on the Social Security Fund for 110 patients in one day. He was responding to an invitation to comment on a report that doctors doubted if there was anyone among them who saw 100 patients in a day.

Press reports of Ministerial statements concerning individual cases do not necessarily give an accurate picture. Very often, however, they are pointers to a general situation which exists.

Free medical services operated by an inadequate number of practitioners must inevitably result in heavy daily consultation lists. Taken beyond a certain point this could lead to deterioration in services, if only from lack of time.

This applies equally to all professional services and is a problem that Governments providing National Services must always keep before them.

International Pharmaceutical Federation

The 17th International Congress of the Scientific Section of the Federation Internationale Pharmaceutique will be held at Leiden or at Amsterdam from September 12 to 14, 1957. A provisional programme has been issued. The opening session of the Conference will take place on September 12, and will be followed by a symposium on Heparine, at which four specialists in the subject will deal with different points of view (Biochemistry, Clinical, Pharmaceutical, Physiological).

Various scientific papers will be delivered on September 13, and the Conference will close on September 14.

The evenings will be free, and excursions and entertainments will be organised.

The British Pharmaceutical Conference

We have received advance notice of the 94th meeting of the British Pharmaceutical Conference.

The meeting is to be held at Bristol on September 2-6.

Fifty-four years have elapsed since the British Pharmaceutical Conference last met at Bristol. The meetings will take place within the University buildings, and the Conference organisers state that the more fortunate of the Conference visitors will be accommodated in the comfortable, delightfully situated halls of residence of the University.

Australian visitors to the Conference will be welcomed and should carry letters of introduction from their respective pharmaceutical organisations in Australia. Further information can be obtained from Mr. E. George, 24 Cote Lea Park, Westbury-on-Trym, Bristol.

Record U.K. Pharmaceutical Exports

Britain exported a record total of £39,943,000 worth of drugs and medicines last year, according to figures published by the Association of British Pharmaceutical Industry.

The previous export record was set up in 1955.

Antibiotics accounted for nearly £7 million worth of exports and vitamins for nearly £3 million. Sulphonamide preparations £1½ million, aspirin and synthetic anti-malarial drugs (£1 million each), and barbiturates, insulin and antihistamine drugs (about £500,000 each) also contributed significantly to the total. Proprietary medicines not covered by specific headings amounted to more than £10 million.

Australia and India were the leading export markets for British drugs with sales around £3 million. Next came Nigeria, Pakistan, South Africa, New Zealand, the Republic of Ireland and Burma. Sales to the United States totalling nearly £1 million easily surpassed the previous year's record of £660,000.—U.K. Information Service.

SCIENCE SECTION



EDITED BY A. T. S. SISSONS, B.Sc. F.P.S.

ARTICLES

- "Tranquillisers".
- Tranquillising Drugs in the United States.
- British Chemical Industry Achievements and Problems.
- Radioactive Sterilisation.
- The Metric System.
- Contribution of Pharmacy and Chemical Engineering to World Needs.
- Habit-Forming Drugs.
- Prednisone and Prednisolone in Rheumatoid Arthritis.
- Carbutamide in Treatment of Diabetes.
- Caution in Supply of Slimming Drugs.
- Petroleum Chemicals in Pharmacy.
- Plastics from Petroleum.
- Production of Medicines in U.S.
- Freeze-Dried B.C.G. Vaccine.
- Pharmaceutical Aerosols.
- Pharmacognosy in the University of Nottingham.
- Sterilisation.

"TRANQUILLISERS"

These drugs are arousing much interest and comment, and their wide (and enthusiastic) use some concern. The British Ministry of Health issues to hospitals and doctors a pamphlet "Prescribers' Notes," and in its March issue the following observations were made and reprinted in *The Pharmaceutical Journal*, March, 1957.

"Tranquillisers"

Many drugs and drug mixtures now being advocated for the relief of the agitation and anxiety frequently associated with common forms of mental illness, both major and minor, are not chemically or pharmacologically related to any of the already well-established sedatives and hypnotics (e.g., those of the barbiturate group). It is perhaps in order to distinguish these preparations, some of which contain relatively new drugs, as having an action on the central nervous system which is neither hypnotic nor sedative, that they have been loosely grouped together under the term "tranquillisers." This grouping and the name now being used for it tends, however, to be confusing, because among the large number of drugs thus labelled there are several sub-groups with widely differing clinical applications, and their chemical structures and pharmacological actions offer but little guidance as to how they should be used. In this connection it may be said that the proper place of some of these new drugs in the treatment of mental illness, both major and minor, is quite unestablished; and that for most of them the full effects of long-term administration have not been determined.

At present it appears justified to divide the drugs having an action on the central nervous system which, for want of a better term, can be described as "tranquillising," into two broad sub-groups as follows:—

A. Drugs used mainly in mental hospitals and chiefly for the control of states of agitation associated with the major psychiatric disorders.

The best-known drugs of this sub-group are:

(i) **Reserpine**, a drug already well known for its use in the treatment of hypertension. It has been reported to be of value for the treatment of patients suffering from schizophrenia, in whom it appears to reduce hallucinations and to have a quietening effect; but it does not replace insulin and other forms of treatment. It has been used with good results in some other mental conditions, e.g., in senile states where agitation and over-activity are predominant features.

A disadvantage of all reserpine treatment is that it tends to cause depression, and there have been some cases of suicide associated with its use. It may also give rise to Parkinsonism. Less important side-effects are nasal stuffiness, drowsiness and dizziness. It is

claimed that some of the side-effects of reserpine, particularly the drowsiness and the depression, can be controlled by giving it in combination with stimulant drugs such as methylamphetamine, methyl phenidate, or pipradrol.

(ii) **Chlorpromazine**, a drug which has also been widely used in mental hospitals for the control of agitated and manic states associated with the major psychoses. There is no clear evidence of its value in psychoneurotic disorders (e.g., anxiety states).

It is of value in general practice in the treatment of inoperable neoplasm, where its action in potentiating analgesics and preventing vomiting make it an effective synergist to the opium alkaloids.

Agranulocytosis and jaundice are fairly frequent side-effects, and various skin reactions may also occur. Long-term administration may cause depression or Parkinsonian symptoms.

Pacatal, a drug closely related chemically to chlorpromazine, has been claimed to have the same clinical effects but with fewer associated complications.

B. Drugs advocated for (and hitherto chiefly used in) treating the less severe forms of mental illness (e.g., psychoneurotic disorders, anxiety states, etc.).

The chief drugs of this sub-group are:

(i) **Meprobamate**, a drug which is claimed to have a specific action on the central nervous system which will relieve anxiety and relax the muscular tension associated with it. In some patients, however, the latter effect may be excessive and give rise to a feeling of muscular weakness so unpleasant to the patient that anxiety is caused rather than relieved.

This drug is relatively non-toxic, but some instances of mild skin reactions have been reported.

(ii) **Benactyzine**, a drug which is claimed to have an action on the central nervous system which will "insulate" the patient from external stimuli and thus relieve mental tension in anxiety states and other psychoneurotic disorders. Patients to whom it is given in large doses are said to develop a "couldn't care less" attitude, to become absent-minded, and to have reduced powers of concentration. This drug, like meprobamate, is relatively non-toxic and few side-effects have been reported.

Other Drugs

There are a number of other drugs and mixtures of drugs used in the treatment of the less severe forms of mental illness, and some of them are advertised in a manner suggesting that they have actions on the central nervous system which might qualify them for inclusion in sub-group B of the "tranquillisers." It appears, however, that these drugs and drug mixtures ought to be considered separately and that the clinical indications for their use are either different from those

for the use of the drugs in sub-group B or are not at present clearly determined. Among them may be mentioned:—

(i) **Methylpentynol, and its esters.** Methylpentynol, being a higher alcohol, may in large doses have an action on the central nervous system resembling that of ethyl alcohol. The clinical indications for its use as a "tranquilliser" appear at present to be quite undetermined. One ester, the carbamate, is said to have a delayed action of the same type.

(ii) **Amphetamine Mixtures.** There are available at least seven proprietary mixtures of amphetamine or analogous substances with various barbiturate drugs. The addiction-producing properties of both constituents of these mixtures are well known, and it is common knowledge that in certain patients amphetamine may have side-effects which strongly contra-indicate its prescription in any form or combination. There is no evidence, at present, that it is justifiable to prescribe these mixtures over prolonged periods for the relief of minor forms of mental and emotional distress associated in psychologically unstable persons with the worries and anxieties of ordinary life.

(iii) **Mephenesin and Mephenesin Mixtures.** Mephenesin is a drug chemically related to meprobamate. Its pharmacological action as a muscle relaxant is well established, and it has a limited clinical application. There are, however, available as "tranquillisers" mixtures of mephenesin either with a barbiturate or with a barbiturate plus amphetamine. The clinical indications, if any, for the use of these mixtures appear at present to be uncertain.

We suggest that before prescribing these drugs doctors should ask themselves the following questions:—

1. Is a "tranquilliser" really necessary?;
2. Do the indications outweigh the known risk of toxic or other effects, and the possibility that there may be long-term risks which are not yet known?; and
3. Would a sedative not serve the purpose equally well?

In particular, the Ministry suggests that where there may be any question of a psychosis practitioners would be unwise to use these drugs and drug mixtures without expert psychiatric advice; and also that their possible effects on persons likely to be driving motor vehicles should be remembered.

The pamphlet ends with a table showing the cost of some "tranquillisers" and associated drugs. Fourteen tablets are listed. The total cost to N.H.E. (cost + dispensing fee + on-cost + cost of container) of 20 × 0.1 mgm. tablets of reserpine (Tab. Serpasil) is 2/0½. Twenty Miltown tablets (meprobamate 400 mgm.) cost 8/7 and 20 tablets of pipradrol hydrochloride 1 mgm. (Tab. Meratran) 9/10. (All prices as in Great Britain.)

TRANQUILLISING DRUGS IN THE UNITED STATES

Tranquillising drugs include reserpine (an alkaloid from *Rauwolfia serpentina*) and a variety of synthetic compounds such as chlorpromazine and meprobamate. A few years ago drugs of this type began to be used in mental hospitals to bring patients under control and make them fit for other therapy. Later they came to be prescribed in private practice in the treatment of patients seeking relief from anxiety and tension. In the United States their use has increased to such an extent that it is estimated that about 35 million prescriptions for them were written in 1956. A present 5-10 per cent. of all prescriptions in New York City are for tranquillisers, and their use is increasing. Used under proper control, the tranquillisers are exceedingly

useful drugs, but it appears that the public are taking them in great quantities for the relief of nervousness, emotional upsets and the routine tensions of daily life. This constitutes a danger to public health, for these drugs can have harmful side effects. They may cause jaundice, Parkinsonism, agranulocytosis and may induce severe depressive reactions which sometimes lead to suicide.

The Committee on Public Health of the New York Academy of Medicine recently issued a "Report on Tranquillising Drugs" (pp. 16, 1956), which makes recommendations on the need for stricter control of their sale to the public. The Committee believes that the excessive and uncontrolled use of the drugs is due not so much to sale without prescription but to the re-filling of prescriptions without the sanction of the doctor. Under the Sanitary Code of New York City this is perfectly legal for these drugs (though not for the sulphonamides, barbiturates or narcotics). The Committee recommends, first, that the Sanitary Code should be tightened up to permit the sale of new, potentially harmful or habit-forming drugs only on a prescription which cannot be repeated except on the order of the original prescriber. The second recommendation is that the Board of Health should survey the literature sent out by the manufacturers of the tranquillising drugs, as a first step towards ensuring that proper information is given on the dangers of side reactions and on the necessary precautions, and that extravagant and uncritical claims and misrepresentations are removed. The Committee considers that the American lay press, which often refers to these drugs as "happiness pills," has contributed to the dissemination of premature and incomplete accounts of their effects.—"News and Views. Nature," March 9, 1957.

BRITISH CHEMICAL INDUSTRY ACHIEVEMENTS AND PROBLEMS

Passages from the Messel Memorial Lecture given before the Society of Chemical Industry (London) by Sir Alexander Fleck, K.B.E., F.R.S.

"The industrial revolution supplied the impetus, the atomic theory, the essential scientific basis for the building up of a chemical industry. By 1881, the atomic and molecular concepts of chemistry were established with precision. Organic chemistry was at last emerging into full daylight, the concepts of the quadrivalency of carbon and its mode of linkage were providing tools for research, and the ring structure of aromatic compounds had been assimilated. The synthesis of dyestuffs was rapidly widening out. By 1881, the Leblanc process, with its attendant auxiliary branches and offshoots, had almost attained its final complexity and was producing the bulk of (Britain's) requirements of heavy chemicals, sulphuric acid, soda ash and caustic soda, chlorine, bleaches and many others. The ammonia-soda process was well launched and a synthetic dyestuffs industry had come into being. Fertilisers, disinfectants and many other products were manufactured.

The output was also very impressive in 1881. Sulphuric acid production was between 800,000 and 900,000 tons a year, not so far short of half the tonnage at the present day. Soda alkalis, at nearly 600,000 tons, were about a quarter of today's figure. Although only part of the story, a closer inspection of such statistics as are available illustrates the progress made in the past 75 years. The figures also reflect to some extent the economic fortunes of the country as a whole, which is not surprising considering how closely linked the chemical industry is to all other industries. Thus sulphuric acid output rose steadily from 850,000 tons in 1881 to

1,300,000 tons in 1912. The aftermath of the 1914-18 war brought production down to very low levels, in some years below that of 1881. In 1924 output was 918,000 tons. In 1930, in the great world economic depression, output was no higher than in 1881, i.e., 850,000 tons; but as the 'thirties progressed output was recovered gradually to 936,000 tons in 1935 and 1,120,000 tons in 1939. The quickened tempo after the war increased output of 1,328,000 tons in 1946 to 1,606,000 tons in 1951 and to 2,095,000 tons last year.

Even greater progress has been made in the production of alkalis. Production was 1,100,000 tons by 1930; 1,357,000 tons in 1935; not much more at 1,395,000 tons in 1946, but probably up to the two million mark in 1951. Dyestuffs figures are only available from 1907, showing growth from 6,950 tons in that year to 42,900 tons in 1951—a sixfold increase.

One of the earliest major developments in the post-1881 period was the electrolytic production of caustic soda and chlorine in the 1890's. The years leading up to the First World War saw the beginnings of the preparation of synthetic therapeutic agents. The products evolved in the intervening years have already relieved much human and animal suffering, furnishing means for the prevention and cure of disease, drugs for the alleviation of chronic pain, safer anaesthetics and many other materials. More recently the antibiotics, penicillin and all the others have further narrowed the range of serious disease.

After the First World War the fixation of atmospheric nitrogen was undertaken in this country, opening up an entirely new branch of industrial chemistry. This process not only provided much-needed nitrogen compounds, ammonia, nitric acid, fertilisers, amongst others, but introduced new high-pressure techniques which were applied later to the synthesis of heavy organic chemicals. In fact, the emphasis has veered dramatically to the organic side, where the advance has been on so many fronts that it is difficult to particularise in a few words. There has been progress in the production of tar derivatives, in esters and plasticisers, synthetic resins for many purposes, and, of course, in the vast field of plastics, where new products are tumbling out with bewildering frequency. Nor should the synthetic fibres go unmentioned, a new branch in which we are probably only on the threshold. The addition of petroleum to the existing sources of raw materials for organic synthesis—coal distillation, fermentation of molasses and coal gasification—promises to expand, to an unforeseeable degree, the scope of industry.

Research is, of course, one side of our industry that must be kept in the foreground, and I think we can say with pride that it has been very properly pushed forward at a satisfactory rate. Research work in this country has received for many years now the unstinted moral support from all sections of the community. It is always a matter of some difficulty to arrive at an accurate assessment or even at a reasonable estimate of the total research effort—industrial, governmental and at universities, but a figure of the order of £300 millions per annum is indicated by recent estimates made by the Department of Scientific and Industrial Research. Analysis of the figure would indicate that civilian research and development expenditure, as distinct from defence expenditure, is now running at the rate of over £110 millions, of which 70 per cent. will be spent by industrial concerns. On the whole, I am inclined to think this figure of £110 millions not wholly inappropriate to our present-day situation. It is of the order of 1 per cent. of our gross national product of manufactured end-products when services are omitted.

Among all our industries I am voicing what I think is an obvious truism when I say that the chemical industry, in its civilian aspect, is one of the foremost of our industries in the amount of effort and in its sincere approach to the value of a dynamic research policy.

Rate of increase of production in the chemical industry is surely a valid argument that we do pursue an aggressive and effective research policy.—"Export Review," November, 1956.

RADIOACTIVE STERILISATION

Application to Pharmaceuticals

Although we can expect to see the radioactive sterilisation plant as an indispensable installation in the hospital of the future, it will not displace steam autoclaves. That, at any rate, is the view of Mr. T. Horne, of the Technological Radiation Group at Harwell, writing in *The New Scientist* of February 28, p. 40. The pharmaceutical industry, he says, is very much aware of the potential value of radiation in the sterilisation of drugs, and more than a dozen firms in Britain were known to be studying the effects of radiation on the products in which they were interested. The thermolabile antibiotics, which had been among the first compounds to be studied, did not undergo any loss of potency as a result of irradiation. Similarly, the procedure was quite satisfactory for the treatment of hormones such as A.C.T.H. and cortisone. Other pharmaceuticals which could probably be safely sterilised in that way included sulphonamides, multi-vitamin preparations, alkaloids, blood plasma and anticoagulants. Less favourable reports had been made on insulin, and on whole blood, where the red cells were fragmented before sterilisation was achieved.

Discussing the control of radiation-sterilised pharmaceuticals, Mr. Horne points out that the manufacturer has to make as thorough a study of the properties of an irradiated product as he would have to do with an entirely new one. With a powder, its texture had to be examined, and if it were for injection the rate at which it dissolved in distilled water and the clarity of the solution obtained. Chemical and physical analysis had to show whether radiation had brought about any significant alteration of the product, and any traces of breakdown products had to be identified and their pharmacological effects determined. The biological activity of the product had to be tested, not only immediately after irradiation but also after prolonged storage under a variety of conditions of temperature and light. Finally, as with all new products, the effects of both prolonged and excessive treatment with the drug had to be discovered so that safe limits for its use could be established.—"Pharm. J.," March 9, 1957.

THE METRIC SYSTEM

An editorial note in *The Pharmaceutical Journal*, March 16, 1957, was as follows:—

The many advantages of the decimal system of weights and measures when compared with the *avoirdupois* and *apothecaries'* systems have been discussed for well over a century and in British pharmacy there have been several advocates of such a system. In March, 1855, at a general meeting of the Society, Mr. J. J. Griffin, F.C.S., said, on the question of giving a decimal arrangement to Imperial weights, that such a change might be effected without great difficulty, because a decimal relation already existed between the *avoirdupois* pound and the gallon. Displaying typical British insularity, he said that if the *avoirdupois* pound were divided into 1000 units of weight and the "*decigallon*" were divided into 1000 units of volume there would be "a decimal system as perfect as that of France." In such a system there would be a strict correspondence between weights

and measures, without interference with the existing legal standards. Mr. Griffin suggested that two new units might be introduced, namely, the "baro" (one-thousandth part of 1 lb.) and the "barim" (one-thousandth part of a "decigallon"). At the same meeting Mr. Jacob Bell said he was not as enthusiastic as some persons appeared to be in favour of a change to the decimal system, and the meeting was informed that the College of Physicians had no intention of altering the weights and measures of the London Pharmacopoeia as the decimal system was being considered by the Government. Fortunately nothing came of the British decimal system.

Since then the advantages and disadvantages of the metric system have been debated on many occasions at pharmaceutical meetings and elsewhere. On July 1, 1953, with some misgivings on all sides, members of the Association of British Pharmaceutical Industry introduced the "metric/volume" system for their packs. In July, 1955, the General Medical Council decided on a change from the apothecaries' to the metric system of weights and measures for future editions of the British Pharmacopoeia.

The British Pharmacopoeia Commission in a letter to the Society now states that it might be difficult, if not impossible, to abandon the apothecaries' system completely before changes were made in the law. Both the Society and the Commission have recommended for some time the desirability of such a measure, and it was suggested by the Commission that the change be made in the 1963 edition of the British Pharmacopoeia. The metric system would then be introduced in the edition of the British Pharmaceutical Codex that would follow. A resolution passed by the Branch Representatives' meeting in May, 1956, asked that both apothecaries' and metric dosage be given in the two standard reference books, except in the instance of new substances and formulae, for which the metric system only should be used. The resolution also asked that future editions of the National Formulary should adopt the same usage.

In its evidence before the Board of Trade Committee on Weights and Measures legislation, which reported in 1951, the Society, in common with other organisations concerned with the use of the apothecaries' system, recommended that it should, after a period of notice, no longer be legally recognised. This view met with the approval of the Committee, but the Government has not yet disclosed its policy regarding legislation. The introduction of the metric system as the sole basis of weights and measures in the B.P.C. and the British National Formulary (to give the book its future title) may well present numerous problems of which not the least is the difficulty that calculations in the two systems cannot be brought sufficiently parallel to each other to make the two measurements of quantity agree within reasonable limits.

CONTRIBUTION OF PHARMACY AND CHEMICAL ENGINEERING TO WORLD NEEDS

(Summary of two lectures by Sir Harold Hartley)

While the most far-reaching advance in the world in recent years had come in medicine—especially preventive medicine, hygiene and public health—the rapid application of the new methods of death control unaccompanied by birth control was leading to increases in population in the under-developed areas which contained nearly two-thirds of the world's people.

In Ceylon, where malaria had been wiped out by DDT, the death rate fell from 22 to 12 per 1000 between 1945 and 1952, while in Britain that same fall had taken 70 years. As a result there were increasing

difficulties in the supply of food to the areas where it was most badly needed.

Brigadier-General Sir Harold Hartley referred to those facts in the first of two special London University lectures on the contribution of pharmacy and chemical engineering to world needs, which he gave at the School of Pharmacy, Bloomsbury Square, London.

Two-thirds of the inhabitants of the world were underfed at present, and he estimated that an increase in food production of 2 per cent. compound would meet deficiencies and future needs.

Limiting Factors

We were living in a period of rapid change without precedent in man's advance in his understanding of nature, and the main cause of that had been increasing effort devoted to scientific research. But there were limiting factors—water, soil, energy, raw materials, manpower and human skill, diseases and pests, communications and capital.

Dealing with the contribution which pharmaceuticals could make toward solving some of the world's problems, Sir Harold said that the past half century had seen dramatic changes in clinical medicine. Those had come from a better understanding of the causes and nature of diseases, whether they were due to infection or contagion, to deficiencies or to pathological changes.

Sir Harold went on to describe the work of Pasteur in bacteriology and biochemistry, of Manson and Ross on the inert carriers of tropical diseases, and of Gowland Hopkins on deficiency diseases.

Those researches made possible a vast extension of the means of prevention and remedy in which pharmaceuticals played the main part.

Sir Harold then described the discovery of the sulphonamides and the intensive search for synthetic insecticides which had culminated in the discovery of DDT and BHC.

In recent years the most striking additions to pharmaceuticals had been the antibiotics.

Chemotherapeutic Agents

Those outstanding pharmaceuticals, which followed one another in rapid succession as the outcome of research, were helping to solve some of the world's problems. Manpower was more stable now that endemic diseases such as malaria, sleeping sickness and yaws were gradually being eliminated. Even in temperate climates the elimination of the risk of diseases and the cure of illness and injury with the help of the new chemotherapeutic agents had diminished suffering and added substantially to the effectiveness of the working population. There was also the effect of the new understanding of nutrition and the digestive processes in the provision of the necessary vitamin constituents and of processed foods prepared for specific needs.

Food was the most urgent need of the world, and the contribution which pharmaceuticals were making to the productivity of animals and plants was considerable. Animals were subject to many of the same hazards as man from insect-borne diseases. In large areas of Africa cattle suffered from trypanosomiasis, the ultimate remedy for which lay in the elimination of the tsetse fly by spraying with DDT. Cattle, too, had their deficiency diseases which could be treated by adding the essential elements to their food.

Antibiotics had proved equally valuable in treating animal diseases, and it had been found that minute additions of penicillin and aureomycin in the food

increased the rate of growth of animals and chickens. Indeed, one-third of the production of antibiotics in the United States was fed to animals.

The spraying of plants with insecticides was a great protection against pests and diseases, but that practice brought another danger in the disturbance of the insect ecology of the area. They might control one pest and produce conditions favourable to another with disastrous results.

The use of pharmaceuticals, said Sir Harold, was an interference with nature, and nature's reactions had to be watched closely with all the help that science could give. Thus nature often reacted by producing a resistant strain of organism to which the agent was less effective. There again, however, research came into its own, and the techniques of radio-chromatography made it possible to examine chemical changes which the insecticide underwent due to the enzyme systems of the insect. Those changes might raise or lower the insecticide's toxic action.

"In your field of pharmacy," concluded Sir Harold, "there is no finality. You must always be watching nature's reactions, ready with new agents and new methods to meet her resistance to the old."

In his second lecture Sir Harold commented upon the "extraordinary interest" of the diverse problems with which pharmacy was concerned at "this fascinating stage of its development."

"In such a subject of growing complexity," he told students, "you individually must obviously specialise in the field that attracts you most. But I hope you will be able to keep the wider issues of pharmacy in mind."

The application of chemical engineering technique in the production of pharmaceuticals was important, he said, and the function of the chemical engineer could be expressed as the optimisation of the flow sheet of a process in order that it could be translated on to an engineering scale.

Protein Production

The micro-organism was now taking its place in the production line with the help of biochemical engineering, and was being looked to more and more for the production of the larger and more complex molecules. In addition biochemical engineering was a subject of special interest to the pharmacist, as there was much mutual ground between it and aspects of pharmaceutical training. Indeed biochemical engineering was a combined operation for the biochemist, the microbiologist, the geneticist and the chemical engineer.

Another type of process of special interest to the pharmacist was the power of certain bacteria, notably *Leuconostoc mesenteroides*, to synthesise from sucrose the high molecular weight polymers of glucose known as dextran for use as plasma-volume extenders. That again was a large-scale operation involving chemical engineering techniques.

The production of proteins by algae like *Chlorella* was a problem which was being studied all over the world, said Sir Harold. As 75 per cent. of their body weight at one stage consisted of protein if they were fed with carbon dioxide, nitrogen compounds and various salts, they had been suggested as an alternative source of food supply. By increasing the partial pressure of carbon dioxide in the solution in which the algae grew it was possible to increase the photo-synthetic productivity of a ground area by 30 times. At present, however, the economics of the process were unpromising.

—The Chemist and Druggist, November 24, 1956.

HABIT-FORMING DRUGS

World Health Organisation's Definition

For some time the World Health Organisation's Expert Committee on Drugs Liable to Produce Addiction has been concerned to establish a precise distinction between the terms "habit-forming drugs" and "addiction-producing drugs." The two descriptions are commonly used interchangeably—for example, in regulations under the Food, Drug and Cosmetic Act in the United States, the term "habit-forming" includes addiction-producing and some other drugs, all of which have to be labelled with the warning: "May be habit-forming." The expression "habit-forming" seems to have been employed in these regulations partly because at the time it was a generally used term in the sense of addiction-producing and partly in order to apply the warning to substances for which there was no evidence then of their addiction potentiality, but for which there must have been admitted habit-forming liability. These included the barbiturates and some other sedative drugs.

In a further attempt to emphasise the distinction, the Committee, at its last meeting, approved the following definitions ("W.H.O. Tech. Rep. Ser.," No. 116, p. 9):

Drug Addiction

Drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include:

- (1) An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means;
- (2) A tendency to increase the dose;
- (3) A psychic (psychological) and generally a physical dependence on the effects of the drug;
- (4) Detrimental effect on the individual and on society.

Drug Habituation

Drug habituation (habit) is a condition resulting from the repeated consumption of a drug. Its characteristics include:

- (1) A desire (but not a compulsion) to continue taking the drug for the sense of improved well-being which it engenders;
- (2) Little or no tendency to increase the dose;
- (3) Some degree of psychic dependence on the effect of the drug, but absence of physical dependence and hence of an abstinence syndrome;
- (4) Detrimental effects, if any, primarily on the individual.

Evidence presented to the Committee indicated that the consumption of barbiturates continues to increase. It is considered that barbiturates are habit-forming, as defined above, and in some circumstances can produce a drug addiction dangerous to public health. No differentiation between them with respect to this liability can yet be made, however.

Morphine Derivatives

The Committee expressed considerable interest in the figures for the consumption of morphine and some of its derivatives, and of some of the synthetic narcotics. They took note of the fact that both the downward trend in consumption of morphine and the upward trend in the proportion of morphine converted to morphine derivatives, such as codeine, dionine and pholcodine, were continuing. From 1950 to 1954 world consumption of dionine increased by 36 per cent.; from 1951 to 1954, consumption of pethidine increased by about 28 per cent., and that of methadone by about 42 per cent. At the same time, production of ketobemidone declined and that of other synthetic narcotic drugs was extremely small.

In spite of the persistence of a relatively small residuum of licit use of diacetylmorphine, the Committee maintained its stand that the drug is not indispensable, and urged continuation of all possible measures, consistent with effective clinical practice, to bring about its replacement by other agents which may be used with less risk to public health.—"Pharm. J.," March 23, 1957.

PREDNISONE AND PREDNISOLONE IN RHEUMATOID ARTHRITIS

(E. W. Boland, J. Amer. Med. Ass., 1956, 160, 613)

The effects of prednisone, prednisolone and hydrocortisone were compared in 141 arthritic patients over periods of from six to nine months. None of the cases was mild, and the average duration had been 126 months. The drugs were discontinued in 12 cases because improvement was insignificant and/or serious complications intervened. In the moderately severe cases the maintenance doses of prednisone and prednisolone were found to be 5 to 15 mg./day by mouth, indicating that these drugs are about four times as potent as hydrocortisone. Prednisone and prednisolone were found to be interchangeable. The patients were divided into three active groups: (1) Those who had never or not recently been on hydrocortisone therapy (32 patients); (2) those whose condition had previously been adequately controlled on hydrocortisone (39 patients); and (3) those whose condition had not been adequately controlled on hydrocortisone (70 patients). In (1), satisfactory levels of improvement were maintained in 19 (59 per cent.); in (2), 38 of the 39 patients maintained adequate improvement; in (3), adequate improvement was maintained in 34 (49 per cent.). Compared with hydrocortisone the advantages of the new drugs are their lack of salt and water retention and absence of potassium loss, their lesser tendency to raise blood pressure, and their ability to restore adequate levels of improvement in a significant number of patients whose arthritis has not been controlled by prolonged administration of hydrocortisone. Their disadvantages consist of a greater proclivity for gastric irritation and demonstrable peptic ulcers, ecchymotic skin lesions and vasomotor symptoms. Qualitatively they produce the same anti-rheumatic response, but their milligram potency is multiplied. Prednisone or prednisolone are to be preferred when salt and water retention is an actual or potential problem, and in patients who do not respond adequately to the older steroids or who escape control after their prolonged use. On the other hand, hydrocortisone should be preferred in patients with a history of peptic ulcer and gastric irritation from the new steroids.—"J. Pharm. Pharmacol.," 12, 1956, 1172.

CARBUTAMIDE IN TREATMENT OF DIABETES

(A. S. Ridolfo and W. R. Kirtley, J. Amer. Med. Ass., 1956, 160, 1285)

This is a report on the compound carbutamide, 1-butyl-3-sulphanilylurea (BZ-55). Carbutamide is rapidly absorbed when administered by mouth; within 30 minutes after a single 2.5 g. dose there is an appreciable concentration in the blood. Maximum values (10-15 mg. of free sulphonamide per 100 ml. of whole blood) are reached within three hours to six hours, and the blood level falls slowly after six to seven hours. Within two to three hours after ingestion of a dose of 2.5 g. a definite lowering of blood sugar level occurs. Excretion is relatively slow; the drug is found in the urine with approximately 66 per cent. as the free form and 33 per cent. as the acetylated form. The substance does not have an action equivalent to injected insulin; to be effective, some insulin must be present, either endogenous or injected. Carbutamide was administered to 31 diabetic patients. Satisfactory responses were achieved with an average loading dose of 2.5 g. the first day, 1.5 g. the second day, and 1 g. daily there-

after; attempts were made to maintain a level of at least 10 mg./100 ml. of blood. This trial showed that carbutamide will effectively lower the blood sugar level in many patients with mild or moderately severe diabetes, and in some cases may enable them to dispense with insulin. Carbutamide cannot be used in the emergency treatment of a diabetic with acidosis, nor is it satisfactory in young persons with unstable diabetes; in this respect it is not an insulin substitute. Those responding favourably to the drug are those who become diabetic in maturity, are obese or overweight and have not required an excessive dose of insulin. Only one patient out of 31 showed any toxic effects, a skin rash and leucopenia, which developed after three months on a dose of 1 g. daily; these conditions cleared up on discontinuation of therapy. The toxicity of the drug appears to be low, but since the mechanism of action is not yet known it should be used with caution.—"J. Pharm. Pharmacol.," 12, 1956, 1168.

CAUTION IN SUPPLY OF SLIMMING DRUGS

The Ethical Committee and the Council of the Pharmaceutical Society of Great Britain recently approved that the following statement be published in The Pharmaceutical Journal:—

The use of drugs as an aid to slimming involves risks which, even if the drugs are not of such a nature as to require legal control, make it advisable for caution to be exercised in their supply. The Council are therefore of opinion that pharmacists should not supply preparations marketed for this purpose, other than foods, unless they have satisfied themselves by inquiry that the preparation in question will be used on medical advice.

In editorial comment, Pharm. J., December 15, 1956, wrote:—

The present desire by members of both sexes and in all classes of society to obtain or retain a slim figure has been responsible for posing many a problem to the pharmacist in general practice. His advice is sought on what drugs to take and what foods to avoid. With a great many people a reduction of carbohydrate intake, with a little more physical exercise, is all that is needed, but advertising has created a demand for a slimming medicine, and the ordinary member of the public finds it difficult to believe that a panacea does not in fact exist. First it was extract of seaweed, next came thyroid tablets, a short while ago dexamphetamine was the accepted specific, but when this compound was added to the Fourth Schedule the overweight individual looked round for something else, and the enterprising manufacturer supplied his want with methyl cellulose, a harmless substance by all standards except one. It did its job in reducing appetite, and in consequence the patient lost weight, which was what he wanted to do, but at the same time he became a victim of malnutrition. It is to guard against such possibilities that the Council ask members to exercise caution in the supply of any drugs advocated as aids to slimming, and, in fact, not to supply them at all unless they are completely satisfied that they are being taken on medical advice. The fact that with some preparations of methyl cellulose, or related compounds, a mixture of vitamins and minerals is advised to be taken simultaneously, is not in the Council's opinion adequate grounds for supplying the slimming agent indiscriminately.

PETROLEUM CHEMICALS IN PHARMACY

Just as the growth in the use of coal-gas and coke during the last 100 years has given rise to a chemical industry based on the products of the destructive distillation of coal, so the more recent requirement for high quality petroleum fuels has given rise to a petroleum chemical industry based on the by-products of petrol refining. This industry began in the U.S.A. and its growth, both in that country and in Europe, has been rapid. In America, less than a quarter of million tons of chemicals were made from petroleum sources in 1940, but by 1945 production had risen to over one million tons, and by 1955 to over 6 million tons. In Europe, the manufacture of chemicals from petroleum commenced with synthetic detergents in the U.K. in 1942; European production is now approaching about one million tons annually, of which about 40 per cent. is made in the U.K.

Most of the products of the petroleum chemical industry are organic chemicals and find large-scale use in the fields of plastics, paints, lacquers, synthetic detergents, agricultural chemicals and, of particular interest for this article, in medicine and pharmacy. A very large proportion of these products are obtained from the olefines ethylene, propylene and butylene, by processes such as hydrolysis, oxidation, hydrogenation, polymerisation and dehydration. Many of these products may be used by industry as such, or serve as raw materials for the manufacture of further chemicals; for example, while isopropyl alcohol is widely used for extraction and general solvent purposes, it is also used in the synthesis of acetone.

Petroleum chemicals are used in medicine and pharmacy in many different ways. Thus they may be used as solvents in the extraction of antibiotics and vitamins, or as solvent media for products such as soaps and lotions. Further, a number are employed as chemical intermediates in the synthesis of drugs; isopropyl alcohol is used in the synthesis of chloromycetin, while others find specific uses which do not fall into the above categories, for example, monoethanolamine in permanent wave solutions.

Solvent Extraction

Acetone, which is now principally obtained from petroleum, is widely employed in the extraction of antibiotics such as penicillin, streptomycin and aureomycin, and of hormones from animal glands. It is also used in the crystallisation of dextran, and in the removal of water in the manufacture of certain anti-histamine drugs. Isopropyl ether now replaces the conventional ethyl ether in many extraction applications, as in the preparation of certain alkaloids and the recovery of hecogenin from sisal waste in cortisone manufacture. It has the advantage of lower price and, for some purposes, its slightly lower volatility is useful.

Isopropyl alcohol is another product employed for the solvent extraction of antibiotics and it has also been found effective in the recrystallisation of dichlorometaxylenol (used in antiseptic gargles). It has the advantage over ethyl alcohol of costing less, and of being sold free from denaturants in a practically anhydrous state. The glycol ethers (Oxitol or "Cellosolves") are also used in the extraction of antibiotics. In addition to the foregoing a number of other solvents, such as ethyl alcohol, benzene, toluene and xylene, which for many years have been obtained from other sources, are now being derived from petroleum and thus add to the large number of petroleum chemicals being used for solvent extraction purposes.

Other Solvent Uses

Nor is it only in extraction procedures that petroleum chemicals are being increasingly used as solvents. Thus,

diethylene glycol mono-ethyl ether (Dioxitol) or "Carbitol") is used as a carrier for perfumes in the manufacture of soaps, lotions, creams and shampoos; while propylene glycol is frequently used as an alternative to glycerine and as a solvent for essence and perfumes. Isopropyl alcohol also finds extensive application in the essence industry and is being increasingly used in aerosol packed products, e.g., hair lacquers, space deodorants, etc., because of its good solvent power for polyvinyl pyrrolidone, shellac, ethyl cellulose and many perfumes. For this purpose its anhydrous condition, previously mentioned, is an advantage in reducing the hydrolysis of the usual chlorinated type of propellant to give hydrochloric acid.

Polyethylene glycols, which range from colourless liquids to white wax-like solids, are chemically stable and make good solvents for many pharmaceuticals, but unlike paraffin wax they are all soluble in water, and in many organic solvents. They are non-hygroscopic and are used in ointments, cosmetic bases and in the solubilising of vitamins. They are also used in "tonic" type hair dressings to combat dandruff and serve to reduce the tackiness of the lanoline employed, so that the product feels "greaseless." One interesting application is as suppository bases for which they have the advantage of compatibility with several drugs and ease of absorption and moulding, and a further minor use is in the preparation of gross pathological specimens. The higher polyglycols are used as ointment bases and tablet binders, while in the field of cosmetics they may be used as binders for make-ups, including lipstick, and as anti-dusting agents for bath powders. An interesting development is their use in retarding the evaporation of the nitrocellulose solvents in cream nail polish removers.

In America synthetic glycerine from petroleum has been available for several years and production in Europe is also planned. Glycerine has many uses in pharmacy as a solvent, a moistening agent and a humectant, while in cosmetics it finds application in lotions, shaving creams, etc.

Chemical Synthesis

Petroleum chemicals are used extensively in the synthesis of diverse pharmaceutical materials. Thus isopropyl alcohol is used in the Ponderoff-Meerwein reaction in one of the stages of the synthesis of chloromycetin, which is the only antibiotic produced commercially by a synthetic rather than a fermentation process. Cyclopropane, an increasingly popular anaesthetic, is prepared from chloropropane. The very reactive product ethylene oxide is used in the synthesis of vitamin condensates and of perfumes.

Other Uses

In the home di-isopropanolamine, derived from propylene, is used as a neutraliser in permanent waving, while other alkanolamines find applications as emulsifiers. Isopropyl alcohol is also used very successfully for a variety of purposes in hospitals, e.g., for the disinfection of skin prior to surgery, sterilisation of surgical instruments, etc.

Even from this brief account it will be seen that chemicals derived from petroleum are widely used in the rapidly developing pharmaceutical industry and in medicine. There is little doubt that the already considerable range of such petroleum chemicals of interest to the pharmaceutical and allied industries will be greatly extended in the near future.—"British Overseas Pharmacist."

PLASTICS FROM PETROLEUM

The following is an abstract of a lecture given to members of the Royal Institute of Chemistry, Bristol District, by A. J. Gait, of the Shell Chemical Company.

The lecture was introduced with slides which showed the rapid rise in the production of phenol-formaldehyde, vinyl and polyethylene plastics over the past six years. The lecturer then proceeded to indicate the utilisation in the manufacture of plastics of methane, ethylene, propylene and the aromatic hydrocarbons obtained from the cracking of petroleum.

Processes had been developed for converting the large quantities of available methane into valuable raw materials, such as carbon monoxide, methanol, formaldehyde, urea and acetylene, the last being readily converted into the polyvinyl plastics.

Of the various products of cracking, ethylene was the most important. Apart from its polymerisation to polyethylene by the high pressure method devised by I.C.I. in 1933, it could now be polymerised catalytically using aluminium alkyls at low pressures by the Ziegler process. The low pressure polythene had a higher softening point and greater tensile strength and might be especially valuable in hot-water plumbing.

Ethylene could also be converted into ethylene dichloride and so to vinyl chloride and P.V.C.; to ethylene glycol for condensation with acids to give polyesters, and by combination with benzene to ethyl benzene which was dehydrogenated to the readily polymerisable styrene.

Propylene could be transformed into acetone and isopropyl alcohol. The use of acetone as a starting point in the manufacture of "Perspex" was well established. A more recent development was the condensation of acetone with phenol to form diphenylolpropane, which in conjunction with epichlorohydrin gave the highly protective epoxide resins. Epichlorohydrin, itself prepared from propylene, could also be converted to glycerol for reaction with polybasic acids to form the Alkyd resins.

Benzene and *p*-xylene were used as sources of phenol and terephthalic acid, for which there was an ever-increasing demand by the manufacturers of nylon and terylene.

PRODUCTION OF MEDICINES IN U.S.

Preliminary statistics released by the U.S. Tariff Commission show that United States production and sales of medicinals in 1955 were the largest on record. The total output of medicinals in 1955 was 79 million lb., some 13 million lb. more than the year before. Sales were valued at \$465 millions, against \$426 millions in 1954. Total production of antibiotics for medicinal purposes in 1955 at 1.6 million lb. was 265,000 lb. less than for 1954. Sales in 1955, however, were greater despite the reduced output, totalling 1.4 million lb., valued at \$240 millions, compared with 1.3 million lb. valued at \$240 millions. Production in 1955 of penicillin salts amounted to 344 trillion international units, compared with 477 trillion in 1954. Production of dihydrostreptomycin and streptomycin in 1955 was 369,000 lb. and 154,000 lb. respectively. The combined output of other medicinal antibiotics totalled 579,000 lb. in 1955; sales amounted to 480,000 lb., valued at \$172 millions. Sales of antibiotics for non-medicinal uses in 1955 were valued at \$26 millions. The output of barbituric acid derivatives at 864,000 lb. was 66,000 lb. more than in 1954. Aspirin amounted to 15.1 million lb. (against 13.9 mil-

lion lb.). Sulphonamides showed a sharp decline to 1.4 million lb. (4.2 million lb.). The output of all vitamins combined in 1955 was 6.1 million lb., while sales were valued at \$82.8 millions.—"Chemist and Druggist," November 10, 1956.

FREEZE-DRIED B.C.G. VACCINE

Large-scale Production in Great Britain

In a new £400,000 biological research and production laboratory suite at its headquarters at Greenford, Middlesex, Glaxo Laboratories Ltd. are commencing the mass production of freeze-dried B.C.G. vaccine, and are the only pharmaceutical house in Europe to make the vaccine on such a scale.

The advantage of freeze-dried B.C.G. vaccine is that it can be tested for biological efficacy before it is issued for use. This has not been possible with the fluid vaccine that has hitherto been in use in many parts of the world. There is the additional advantage that the freeze-dried vaccine can be stored for at least 12 months and still maintain full activity. The fluid B.C.G. vaccine which has been in special use hitherto remained stable for only a fortnight. B.C.G.—*Bacillus Calmette-Guerin*—takes its name from the two Frenchmen who produced the vaccine. It is a type of bovine tubercle bacillus which has lost its virulence, and which is specially bred in the laboratories. The vaccine now being manufactured by Glaxo is, in fact, produced from subcultures of Calmette and Guérin's original strain.

One of the significant features of tuberculosis is that its course in a human being depends largely on the degree of allergy and immunity that the patient possesses. If the immunity is low the disease can run a rapid course and terminate fatally. If immunity is high the infection can be hardly noticeable, and symptoms may be entirely absent. It is known that nearly all Europeans are infected during their lifetime by this symptomless tuberculosis, which can be detected only by a Mantoux test. Before infection this test is negative, but after infection it becomes positive. B.C.G. vaccine, which gives a similar immunity to the symptomless tuberculosis, is given only to tuberculin-negative persons.

Over forty million people (thirty million in Japan alone) have been vaccinated with B.C.G. vaccine, and since 1930 there has been no record of any mishap from its use. In Scandinavia, where tuberculosis has been a particularly acute problem, B.C.G. vaccination has long been accepted and practised, and gradually the incidence and mortality of the disease have been reduced.

The manufacture of B.C.G. vaccine calls for special skills. Because the vaccine consists of living attenuated tubercle bacilli, it is self-evident that contamination of a culture during the manufacturing process could produce very serious consequences. For that reason, its manufacture has to be in the hands of those expert in vaccine production techniques, it has to be confined to separate air-conditioned laboratories, and extreme precautions have to be taken to ensure that contamination cannot take place.

What is the degree and duration of the protection given by the vaccine? Until recently no statistically perfect results had been published on the value of B.C.G. vaccine. Some criticism had been levelled at published accounts of the various trials on the grounds of inadequate control and poor recording of results. It was these doubts that may have led the Medical Research Council in Britain to investigate the effectiveness of the vaccine in the actual circumstances of Britain before advocating mass immunisation. Mean-

while, the British Ministry of Health, pending publication of the Medical Research Council trials of B.C.G. vaccination on 50,000 school-leavers (the results are expected this year), introduced a scheme for children aged fourteen who were "tuberculin-negative" (i.e., negative to initial tests for tuberculosis). An elaborate B.C.G. vaccination trial was staged, in which more than 56,000 children in the 14½ to 15 age-group took part. A detailed check on them has so far extended to two and a half years, and in some cases to four years. The follow-up has revealed a reduction in the total incidence of tuberculosis in the vaccinated in the course of the two and a half years of something like 55 per cent. compared with the unvaccinated control group. At the same time, the Ministry of Health has made B.C.G. vaccination available to such special groups as nurses, medical students, hospital workers, persons in contact with patients suffering from respiratory tuberculosis and young children of tuberculous mothers.

The duration of any acquired immunity produced by B.C.G. vaccination has still to be assessed, but what is certain is that the vaccine is another powerful ally in the long fight against tuberculosis, still one of mankind's most dreaded enemies.—"Export Review," January, 1957.

PHARMACEUTICAL AEROSOLS

An important trend in the pharmaceutical industry has been its increasingly widespread adoption of the aerosol package. For many products, the push-button container is an easier, safer and more efficient method of dispensing medication than was available through conventional packaging. A recent development of particular interest is a new valve, which permits accurate measuring of prescribed amounts of pharmaceuticals from the pressurised container.

One of the new aerosols equipped with this type of valve is a self-measuring package of octyl nitrite, dispensed under pressure supplied by "Freon" propellant and formulated for the relief of certain types of heart troubles. Each time the valve is depressed the prescribed dosage of medicine is discharged through a plastic tube and inhaled. The transparent vial contains 10 cubic centimeters, enough for 200 doses, and gives visual evidence of the reserve supply.

For the relief of asthma, a new, pocket-sized aerosol dispenser has been developed. Described as a "nebuliser," it consists of a plastic breathing tube and a small replaceable dispenser containing a therapeutic agent, combined again with "Freon" propellant to provide the dispensing pressure. When the patient presses the valve on the dispenser, he inhales a mechanically measured and finely atomised amount of medication into the trachea. Holes in the breathing tube, near the valve, automatically mix air with the medicine. Because it is a gas-tight package, an aerosol protects the contents from contamination, preserves the potency of the active ingredients, and prevents evaporation during periods of non-use.

Two types of medication are available in this new package—one formulation based on epinephrine, the other on isoproterenol. Both are short-acting sympathomimetic drugs. The isoproterenol spray is available only on prescription.

Recently introduced in England is a new antibiotic powder in an aerosol package. Dispensed in a liquid suspension, the three antibiotics—neomycin sulphate, polymyxin-B sulphate, and zinc bacitracin—are deposited on a wound as a finely divided powder, since the propellant vaporises immediately. Although aerosol powders are quite new in the industry, their use is rapidly expanding.

Increasing interest in aerosol-packaged pharmaceuticals in Europe and the United States is evidenced by the fact that about 40 are now on the market in the United States alone, with at least as many more nearing commercial production.

Some popular examples are sprayed-on remedies for burns, athlete's foot, poison ivy and other skin troubles, plastic bandages, adhesive tape removers and a balm to minimise irritation under adhesive tape.—(Du Pont Information Service.)

PHARMACOGNOSY IN THE UNIVERSITY OF NOTTINGHAM:

PROFESSOR G. E. TREASE

The title of Professor of Pharmacognosy in the University of Nottingham has been conferred on Dr. G. E. Trease, reader in pharmacognosy in the University.

Professor Trease, who was born in Nottingham and educated at the Nottingham High School, joined the staff of University College, Nottingham, in 1925, and has been in the Department of Pharmacy since that date, apart from two years with the Ministry of Economic Warfare during the war. He became head of the School of Pharmacy in 1943, was appointed reader in pharmacognosy in 1945, and in 1949 was given the title of director of pharmaceutical studies. An honorary doctorate was conferred upon him by the University of Strasbourg in 1954.

STERILISATION

Resistance of Crystalline Substances to Gas Sterilisation

Many thermolabile drugs are required in dry crystalline form suitable for immediate solution in injectable water. It is necessary that the powders should be sterile, and this involves problems of technique, such as the maintenance of aseptic conditions throughout the process of crystallisation, collecting, drying and packaging. A process whereby the powder could be "cold sterilised" would clearly be of value. Abbott, Cockton and Jones have investigated the process of "sterilisation" by passing formaldehyde vapour or ethylene dioxide through the mass of crystals. From this work it is seen that two distinct phenomena are involved. Crystals of Rochelle salt obtained from sterile solutions and handled aseptically were subsequently contaminated with spores of *B. subtilis* by grinding in a ball mill with a quantity of dried spores. The degree of contamination of the crystals so treated was estimated by a surface viable count technique. Such surface-contaminated crystals were sterilised by exposure to formaldehyde or ethylene dioxide. Crystals thrown out of a contaminated liquor, however, were not readily sterilised. These were found to have spores included in the crystals and thereby protected from the action of the vapours. Such spores were shown to be capable of survival in such conditions for periods of at least five months. It was also shown that fast-growing crystals were more heavily contaminated than slow-growing ones. Many substances were found to show a similar capacity to include micro-organisms. It thus appears that substances intended for preparation as dry, injectable material must be obtained from sterile liquors. Any surface contamination which may subsequently occur may be sterilised completely by the use of formaldehyde vapour.—"Export Review," November, 1956.



Containers For Pharmaceutical Benefits

It has been brought to the notice of the advisory panel that many tablets are being supplied under the Commonwealth National Health Act in cardboard boxes. There is ample justification pharmaceutically for the packaging of tablets in air-tight containers. Moreover, the Commonwealth **pays** for the conventional glass tablet bottle which is common in Australia.

Pharmaceutical chemists are aware of the hydrolytic and other changes which occur when moisture is admitted to many packaged drugs. Even though some of the loose-lid "canister" containers give an elegant final presentation, their general use is unsatisfactory.

The Federal Guild is also embarrassed by these obvious breaches in its contractual agreement with the Commonwealth Government.

Mercury-Free Impetigo Ointment

Mercury in ointments for treating impetigo is disliked by many pediatricians, because of the possible toxic affects of absorption. Chemists may be asked for a mercury-free ointment by prescribers who wish to avoid the use of antibiotics.

The following formula is one which has been suggested:

℞	
Aminacrin Hydrochlor.	0.1
Cetrimid.	0.5
Ung. Macrogol (A.P.F.) to	100.0
Ft. ung.	mitte 500 gr.

The above formula has the following advantages:

- (i) **A good spread:** Macrogol ointment is similar in consistency to Soft Paraffin, which has been preferred in these ointments to emulsified bases.
- (ii) **Compatibility of medicaments:** The Aminacrine Hydrochloride and the Cetrimide are both "cationic" in nature. The ointment therefore is compatible with basic dyestuffs. This allows for the addition of Crystal Violet in chronic cases.
- (iii) **Intimate contact:** The Cetrimide has strong properties as a surface tension depressant.
- (iv) **Adherence to moist surfaces:** Many formulae for impetigo ointments contain Wool Fat to make them adhere to moist surfaces. The Macrogol

ointment, because of its water-miscibility, is excellent for this purpose.

- (v) **No mercury compounds.**
- (vi) **Bacteriostatic, bactericidal and fungicidal properties.**

Unusual Presentation of Arsenic

℞	
Tinct. Iod.	1 fl. oz.
Creosot.	1 fl. oz.
Liq. Arsen.	½ fl. oz.

Sig. To be taken in warm milk at bedtime. Take 5 m. to start and increase by 2 m. every fourth night to 25 drops.

The combination is unusual, but miscible. The dose for a 1 in 5 dilution of Liq. Arsen. was considered safe.

—K.W.F. (Vic.)

Effervescent Mixture

℞	
Pot. Cit.	20 gr.
Acid. Acetylsalicyl	10 gr.
Mist. Seneg. et. Ammon. (A.P.F.) to	½ fl. oz.
Ft. Mist.	mitte 8 fl. oz.

The Ammon. Bicarb. was placed in a mortar with the Aspirin and allowed to react. It was considered that effervescence may be retarded in the presence of the other ingredients.

—D.M. (Vic.)

Interpretation of Directions

℞	
Tab. Dexedrine—5 mg.	
Mitte 60. Sig. 1 after breakfast and lunch and 3 in afternoon.	

The unusual directions in this case could be interpreted as three tablets (an overdose) in the afternoon, but obviously the prescriber's intentions were one tablet at 3 p.m.

It was labelled accordingly.

—J.D.C. (Vic.)

Some British Contributions to Medicine

By A. T. S. Sissons

1. Introductory

It is proposed in the next few issues of this Journal to give a series of articles by different writers on some outstanding contributions made to medical progress by British workers.

These contributions are numerous, diverse and important. They extend over a period of some four hundred years. The story is a long, complex, often fascinating one, in which Great Britain has a record of solid achievement. Obviously no two writers would select quite the same examples, since the choice will depend on individual training and inclination. Moreover, there is such a wide field from which to select.

This first article is introductory and general. It endeavours to show the many departments of medical activity in which British workers have made notable contributions to progress. Some have contributed to the organisation of the medical profession and set standards of professional conduct and ethics; some have made scientific discoveries of the first importance; some have worked mainly in the laboratory, others at the bedside; some have made a wide study of the natural history of disease, others have worked intensively on a particular disease; some have excelled as teachers, and by their personality, enthusiasm and learning have directed and stimulated young and eager graduates to new fields of investigation.

Others, again, have founded museums which have contributed greatly to medical education and research.

Since 1800 British workers have made very substantial advances in the fields of Public Health, Tropical Medicine, Hospital Administration and Teaching, and more recently in Social Medicine.

Subsequent articles will deal with some notable examples of the foregoing.

Linacre, Caius, Harvey, Sydenham

Two names that stand out, some 400 years ago, among early English physicians are those of Linacre and Caius (Keys). In a period of stagnation they introduced new ideas, proposed new activities and instituted new standards. They had worked and studied at Continental universities and brought back to England some of the first enthusiasm of the Renaissance. This they directed to the improvement of medical standards and the elevation of ideals in medicine.

Thomas Linacre (1460-1524) was a churchman, a classical scholar of distinction and a physician. He gained a degree at Oxford, then spent some years in Italy, studying at Bologna, Rome, Florence, and finally taking the degree Doctor of Medicine at Padua. He studied Aristotle, Celsus and Galen and made translations of some medical manuscripts. He returned to England full of enthusiasm for Greek culture and the medical standards of Hippocrates and Galen. At Oxford he set about reorganising medical knowledge. He introduced Greek medicine to England and set up the ideal of the medical humanist of wide understanding and broad sympathies. He was the outstanding teacher of his time, and numbered Colet, Sir Thomas More and Erasmus among his students and friends. Through their writings (e.g., *Utopia*) his ideas were widely spread.

Linacre soon established a reputation in London, and became in turn physician to Henry VII and Henry VIII. Sir George Newman says: "Linacre became the principal initiator of the scientific movement which proved to be the turning-point in modern English medicine."

Owing to his influence at court he was instrumental in gaining official recognition for medicine, and in securing the establishment of an authoritative body to control its practice. In 1518 he obtained from Henry VIII a charter for the Royal College of Physicians, London. This had the great merit of introducing training followed by qualification through examination.

Linacre became the first President of the new College. Sir William Osler wrote: "Painstaking, accurate, critical, Linacre remains today the chief literary representative of British medicine."



Thomas Linacre 1460-1524

His place in medical progress is commemorated by the "Linacre Memorial Lecture," given annually at St. John's College, Cambridge.

John Caius was born at Norwich, England, 1510. He was influenced greatly by Linacre and his humanism. His early education was at Cambridge, then in 1539 he transferred to the University of Padua to study medicine. At Padua he lodged in the same house as Vesalius, became his close friend, and adopted many of his methods. Vesalius was the first great teacher of practical anatomy and abandoned the rostrum for the dissecting table. In 1543 he wrote the revolutionary *On the Fabric of the Human Body*.

Caius imbibed the experimental and revolutionary attitude of Padua to learning, returned to England, and at Cambridge refounded his old college as Caius College. To this day it remains the college of choice for the medical student in Cambridge. Caius introduced the subject of anatomy based on dissection of the human body. He was also associated with St. Bartholomew's Hospital, London, and with the Barber Surgeons' Hall, where he lectured and demonstrated in human anatomy.

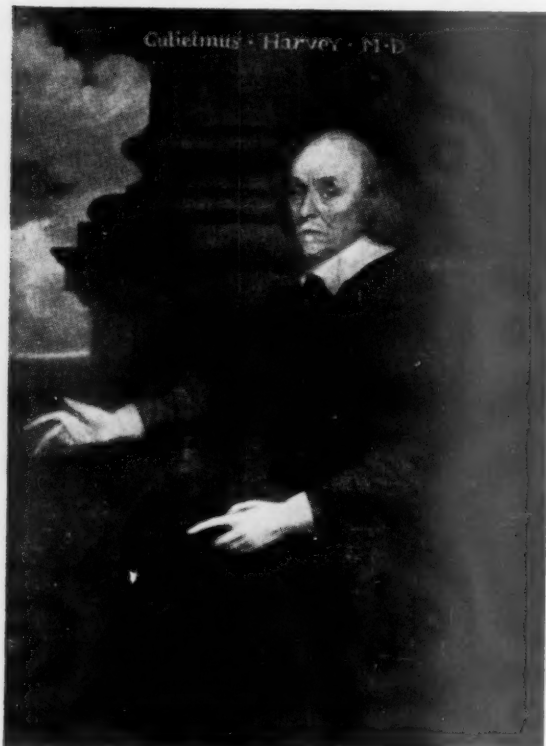
He made a detailed first-hand study of the sweating sickness, and wrote an account of it—*A Booke of Consequell Against the Disease Commonly Called the Sweat or Sweating Sickness* (1552)—which has the distinction of being the first account published in English of an investigation based on personal observation.

Thus Caius was one of the early epidemiologists.

He was several times President of the College of Physicians, and donated to it the silver caduceus, which is still handed to each new President of the College as his insignia of office.

Caius was also deeply interested in Natural History. The work and the attitude of Linacre and Caius were the beginning of the renaissance of English medicine, but even more important than this they were the forerunners of William Harvey.

Harvey (1578-1657) was educated at The King's School, Canterbury, and at Cambridge. Then, under the impetus of Linacre and Caius, he went to Padua to study under Fabricius, a successor to Vesalius, and himself a pioneer in anatomy and physiology. In 1600 Fabricius had published a book, *On the Valves of the Veins*. This was a lead and an incentive to Harvey.



William Harvey 1578-1657

Harvey took his M.D. degree at Padua and returned to London. Here he became a Fellow of the College of Physicians and a physician at St. Bartholomew's Hospital. Having taught the circulation of the blood to his students for several years, he announced the famous discovery in his book *De Motu Cordis et Sanguinis* (1628). This is one of the most famous books in the history of medicine. On the basis of experimental work—observational, qualitative and quantitative—Harvey established the circulation of the blood, its importance to health and disease, and he proposed scientific methods for attacking the many problems that his discovery raised.

Having regard to the date (1630), it may be emphasised that thus early Harvey introduced methods of measurement into experimental physiology. We recall that he was a contemporary of Galileo at Padua. Now Galileo was responsible for the wide application of the principle of measurement.

Of the importance of Harvey's work Charles Singer writes: "The knowledge of the circulation of the blood has been the basis of the whole of modern physiology and with it of the whole of modern rational medicine . . . the blood is a carrier going round and round on the same beat. What it carries, and why, how and where it takes up its loads, and how, where and why it parts with them, these are questions the answering of which has been the main task of physiology in the centuries that have followed . . . thus it is that the work of Harvey lies at the back of almost every important medical advance."

It remains to add that Harvey was physician to James I and Charles I, and became Warden of Merton College, Oxford. His researches in physiology and anatomy continued over a long life.

After the Royalists were defeated Harvey again lived and worked in Oxford. He extended his studies in embryology and wrote a second notable work, *De Generatione Animalium* (1651). It has been claimed that this is the first original book on midwifery to be published by an English worker.

Incidentally, from the work and influence of these three men we realise England's great debt to the University of Padua, and we have an example of the value of travels and new schools to the young and enthusiastic graduate.

Thomas Sydenham (1624-1689).—Linacre's work directed Harvey to Galen's physiology, and so to the problem of the circulation of the blood. Sydenham represents the return to Hippocrates, and Sydenham was the outstanding clinician of the latter part of the 17th century. He is typical of the general practitioner at his best. His interests centred on the patient and on the natural progress of disease.

Sydenham came of a Puritan family, and his youth and studies were interrupted by the Civil War. For some years he was a captain of horse in the Parliamentary Army. He studied medicine intermittently at Oxford, and while Cromwell was Protector he practised medicine at Westminster.

With the Restoration he went to Montpellier (France) to complete his medical training. He returned to London when 37 years of age, and set up in general practice. It was characteristic of him and of his somewhat unorthodox attitudes that he did not take his M.D. until he was 52, and then at Cambridge, not Oxford.

He was deeply impressed with his responsibility to the patient. Not all the anatomy nor all the physiology will aid the practitioner who lacks fundamental knowledge of the natural history of disease. Sydenham made *The Natural History of Disease* his lifelong study, and he pursued it with single-minded devotion. He studied particular diseases, particular patients, special pathologies. He sought to know from experience what remedies are best in particular diseases. Thus he became known as the "English Hippocrates."

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Thomas Sydenham 1624-1689

Singer says of Sydenham: "He did more than discover. He initiated a new mode of approach. He was the founder of modern Clinical Medicine." His attitude was shown by his comment to a student who came to him well recommended in botany and anatomy, "Anatomy, botany, nonsense! No, young man, go to the bedside; there alone can you learn disease."

He was the friend of Robert Boyle, the chemist; of John Locke, the philosopher; of Hans Sloane, the apothecary. The famous (or was it infamous) Thomas Dover (Dover's Powder) was his pupil and assistant.

Sydenham was one of the first to use cinchona bark for malaria; iron for anaemia; and he popularised galenic preparations of opium.

Like Hippocrates, whose follower he claimed to be, he kept the most concise case-notes.

Why, then, in these sketches of contributors to medical progress do we go so far back and make a beginning three or four hundred years ago? The answer was given, in part, a good many years ago by Sir Henry Acland, Regius Professor of Medicine, Oxford. In his library he had portraits of Linacre, Harvey and Sydenham inscribed "Letters; Science; Practice." Linacre standing for that broad culture which is (or should be) behind the practice of medicine; Harvey for its science; Sydenham for its art and general practice.

And, says Osler, "to this great triumvirate, as to the fountain-heads, we may trace the streams of inspiration which have made British medicine what it is today."

*"For their work continueth,
And their work continueth,
Broad and deep continueth,
Great beyond their knowing."*

(To be continued)

FLUOTHANE—A NEW VOLATILE ANAESTHETIC

In his column Progress of Pharmacy, The Export Review (January, 1957), H. S. Grainger reports on this new compound as follows:—

Volatile anaesthetics have enjoyed popularity almost since Boyle first used nitrous oxide, but each has had disadvantages. Chloroform, which for many years held the field as the most widely used, is toxic, and in spite of occasional claims by anaesthetists of an older generation has virtually disappeared. Diethyl ether has, until recently, been the most popular, but its great disadvantage is the danger of explosion and fire. A compound having the anaesthetic properties of ether, but without this risk would obviously be a great boon. In recent years fluoro-derivatives have been investigated by a number of workers, the most recent being the compound CF_3CHClBr (Fluothane). Already Johnstone has reported his experience in 500 patients, from which it appears that this compound has many of the required properties of an ideal volatile anaesthetic. Ravenós has now reported his pharmacological work on this substance. Fluothane is a liquid boiling at 50.2°C . at 760 mm. Hg. and is not inflammable when its vapour is mixed with oxygen. It is slowly decomposed when exposed to light, but this action can be inhibited by the addition of thymol. The decomposition when the vapour is passed over soda lime, as it would be in a closed-circuit anaesthetic machine, is very low (0.02 per cent.). When used to anaesthetise mice, dogs and monkeys, the onset of anaesthesia was found to be rapid and recovery also rapid. The concentration needed to maintain anaesthesia for long periods was small, and the authors claim that, on this basis of comparison, Fluothane is twice as potent as chloroform and four times as potent as ether. Good muscular relaxation was obtained and there was no salivation or vomiting. Some hypotension was demonstrated, but other functional disturbances were negligible. Thus many of the disadvantages of both ether and chloroform are absent in this drug.

CYANIDE POISONING

Further evidence of the successful treatment of acute cyanide poisoning by nitrite-thiosulphate therapy is provided in a report by K. K. Chen and C. L. Rose ("Journal of the American Medical Association," 1956, 2, 1154). Two cases of complete recovery are recorded, raising the number of successful clinical treatments by that method to forty-eight out of a total of forty-nine. In the first case a thirty-nine-year-old man who was in charge of a manufacturing process involving a chemical reaction in a tank inhaled hydrogen cyanide gas from a leaking gasket. His foreman, being familiar with the management of cyanide poisoning, carried the victim to the open air, administered amyl nitrite by inhalation, and sent for the works doctor. All that took five minutes. In another ten minutes the doctor arrived and gave an intravenous injection of 0.3 gm. of sodium nitrite and 12.5 gm. of sodium thiosulphate. In forty minutes from the time of poisoning the patient regained consciousness and was able to go home. In the second case a forty-one-year-old woman, in an attempt to rescue a boy who had been overcome by hydrocyanic acid gas, entered a house that was being fumigated. As she dragged the boy out she collapsed. The patient remained stuporous during the next five hours. During that interval she received inhalations of oxygen and carbon dioxide and of amyl nitrite as well as an intravenous injection of sodium thiosulphate. Much improvement followed the intravenous injection of 50 c.c. of a 1 per cent. solution of methylene blue. Although the results from treatment in that case were not as dramatic as those in others the patient recovered on her fourth day in hospital.—"Chemist and Druggist," December 29, 1956.

Civil Defence

An Outline of Organisation in Australia

By A. I. K. Lloyd, F.P.S. (Vic.)

Articles in recent issues of this Journal have shown some of the problems presented by an attack on a city using "Atomic" (Nuclear fission) or "Hydrogen" (Nuclear fusion) weapons (vide "Summary of Sensible Behaviour in Surprise Nuclear Attacks," by Alan Brooksbank, February edn., p. 133; and "Atomic Energy Challenges Pharmacy," by P. M. Green, February edn., p. 123). In this article I shall present an outline of the organisation of Civil Defence, as taught at the Commonwealth Civil Defence School at Mount Macedon, Victoria. The present organisation in Australia is comprehensive, but not planned in detail, and until a more complete study of resources, both in supplies and in personnel, can be made, it is not expected that very detailed plans can be made.

States Responsible for Planning

At the outset it must be made clear that Civil Defence planning is the responsibility of each individual State, and that all preparations are to be carried out on that basis. The role of the Commonwealth is advisory, although it will arrange liaison between the States if required. The reason for this State control will become apparent. It also may be said here that at present New South Wales is the only State with a working Civil Defence organisation. Their organisation was used in the recent widespread floods, and a most capable job was done in providing all possible assistance. Although planned for wartime disasters, an efficient Civil Defence system is also quite capable of coping with such natural disasters.

Understanding the Problem

To understand the principles and the planning of Civil Defence, the conditions that will be found after a Hydrogen Bomb attack should be known. Reference to the articles mentioned above will quickly recall them to mind. Briefly, for a distance up to 20 miles from the centre of the explosion (Ground Zero, or GZ as it is known), there will be varying degrees of destruction, varying from light to complete. Gas, electricity and communications services will be destroyed or out of order—there will be widespread fires and probably the water mains will be burst, making fire-fighting very difficult—most streets will be blocked with debris, and there will be many people burnt or injured and perhaps trapped in fallen buildings—most survivors will be without the immediate necessities of food or shelter. Finally, there will be a tremendous amount of deadly radioactive fall-out, which will provide a further and semi-permanent problem superimposed on all the other.

What organisation can possibly cope with such conditions? How can the community survive?

First let it be realised that for those people who are not within the completely destroyed zone there is a quite good chance of survival. There are many measures and safeguards that can be taken individually to preserve life in this area. Mr. Brooksbank's article gives an excellent account of these personal measures, which if carried out promptly will save many lives.

However, to achieve the aim of Civil Defence, there

must be an efficient organisation to "back up" these personal safeguards.

The Aim of Civil Defence

The aim is to prevent an attack on a city with nuclear weapons from achieving its full effect as desired by the enemy, and to reduce to the lowest possible level any gain that the enemy might receive in making such an attack.

The reasons of an enemy in attacking a city are varied, e.g.:

1. To kill as many people as possible, with the resulting tremendous lowering of morale.
2. To destroy lines of communication, industry, ports, etc.
3. To destroy centres of government.

Therefore, the methods by which Civil Defence may achieve its aim are to save life and maintain morale, continue communications, keep industry working as much as possible and endeavour to prevent the destruction of Government records, etc.

The Policy of Civil Defence

The main policy of Civil Defence is "Mutual Aid." This means, in effect, areas which have not been attacked helping with all the resources and all the manpower available those areas that have been attacked. With weapons causing destruction and the danger from fall-out to the scale now known, all people, no matter how near or far, must be prepared to help; indeed, survival depends on mutual aid being extended by all people and levels in the country.

The Organisation

The Principles

The principles of the planning in Australia are these:

1. The utilisation of existing agencies, governmental and non-governmental. (Thus the reason for the State control of Civil Defence.)
2. Supplementation of those agencies by special Civil Defence services.
3. The responsibility to be shared between each level of government.
4. Each and every individual citizen must accept his responsibility for self-preservation.

The Zones

The whole country will be divided into zones; these will be:—

1. **Target Zones.**—These are zones which are of sufficient importance to make it a likely target for enemy action. The following factors help make Target Zones:—
 - (a) High population density.
 - (b) Vital industrial or manufacturing processes.
 - (c) Large industrial or shipping concentrations.
 - (d) Docks.
 - (e) Centres of communication or government.
2. **Mutual Aid Zones.**—These consist of the areas that surround the Target Zones. These Zones have two main roles:—
 - (a) To provide quick assistance in trained manpower. This assistance takes the form of mobile detachments despatched to the target area, e.g., for rescue, casualty collecting, etc.

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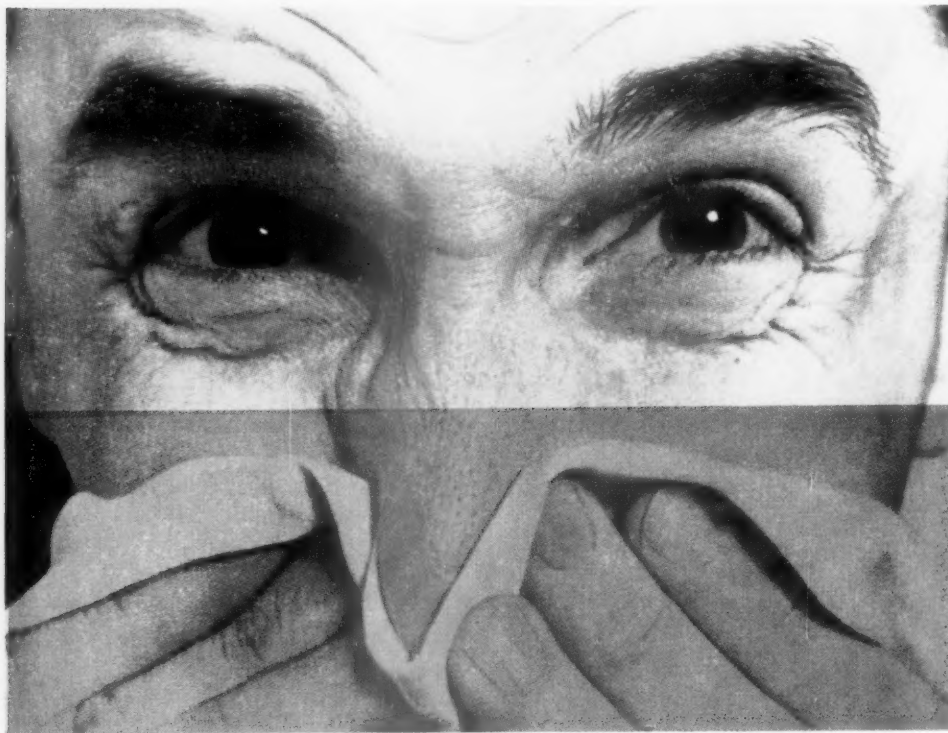
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- (b) To be ready for the immediate reception of homeless and injured people. For this purpose this static organisation must be strong in Health and Welfare services.

The Mutual Aid Zone will thus be able to render assistance to the Target Zone, and also deal with any local emergency which may arise.

3. **The Reception Zone.**—This must be able to provide long-term or semi-permanent accommodation for evacuees, and for injured and homeless that would come through from the Mutual Aid Zone. On the imminence of war, all non-essential people would be evacuated to these Reception Zones so as to be safer, and also to lighten the Civil Defence task by reducing the number of potential casualties in the Target Zone. Those people to be evacuated would include schools complete with their teachers, mothers with young children, the sick and the aged and other people not essential to the war effort in the Target Zone. So, even before a shot was fired, the Reception Zone would be fulfilling one of its main tasks.

Similarly, on the imminence of attack, all people possible and all essential equipment, e.g., ambulances, fire tenders, etc., would evacuate from the Target Zone.

As considerations such as feeding, providing water, accommodation, etc., must be combined with the problem of avoiding fall-out, the Reception Zone may overlap the Mutual Aid Zone in many places.

This Zone may also be able to supply specialist technical personnel, such as firemen, doctors, in the early phases.

The Agencies of Civil Defence

The main agencies of Civil Defence are:

1. The Police Services.
2. The Fire Services.
3. The Health Services.
4. The Engineer and Public Utility Restoration Service.
5. The Civil Defence Service.

The first four agencies are the usual services existing already in the States, enlarged, and with greatly enlarged tasks. Their primary duties remain the same, but the problems are much magnified (in proportion to the extent of the disaster). All of these agencies will have to be augmented considerably so as to be able to function efficiently under the conditions after the attack.

Let us examine the agencies in more detail.

1. The Police Services

The main duties of the police services will be:—

- (a) Co-operation with wardens in the movement and control of evacuees and refugees.
- (b) Enforcement of emergency regulations.
- (c) Prevention of looting.
- (d) Reporting of damage.
- (e) Operation of traffic control.

2. The Fire Services

These must be very much enlarged and expanded, including recruiting women as clerks, telephonists, drivers, etc. The fire services of the neighbouring Mutual Aid Zone must also be much enlarged. Some of the main factors to be considered are:—

- (a) Water supplies.
- (b) Fire breaks.
- (c) Equipment standardisation.
- (d) Training of auxiliaries.
- (e) Dispersal and Rendezvous positions.

3. The Health Services

These services must be organised and expanded so as to be able to deal promptly and efficiently with vast numbers of casualties. All hospitals in the Mutual Aid Zone will become "Cushion Hospitals" (i.e., "cushion" the impact of the main influx of casualties), and those in the Reception Zones will be known as Base Hospitals. To provide room for the large number of casual-

ties, all patients not actually desperately in need of hospitalisation would be sent home and as much room as possible made available. This is called making "crisis accommodation." Even so, more hospitals would have to be improvised, and large buildings, such as schools, halls, hotels, would have to be pressed into service as Auxiliary Hospitals. Hospitals in the Target Zone would take on the role of Transit Hospitals if still in existence, and function mainly as static First Aid Stations.

Based on the Cushion Hospitals, there will be Mobile First Aid Units, whose role will be to move into the disaster area as close as possible to GZ, and there administer prompt first aid to the casualties before removing them to the Cushion Hospitals. Working with the Mobile First Aid Units, there will be the Casualty Collecting Service, whose job will be to transport the casualties to the various hospitals. The Mobile First Aid Units will be manned by Civil Defence volunteers trained in first aid, around a hard core of doctors and trained nurses. It will be a principle that as many casualties as possible will be treated with first aid only, and so prevent cluttering up the hospitals with patients not really in need of hospitalisation.

In addition, the Health Services will have to maintain the health and hygiene of all the people in the Welfare Centres in the Mutual Aid Zones and in the Reception Zones.

4. The Engineer and Public Utility Restoration Services

So as to get the public services working as soon as possible after the attack, and allow the job of rescue and rehabilitation to continue, these services will have to be very highly organised. They will be based on existing Government departments, and will probably be divided into sections to deal with such jobs as:—

- (a) Utilities.
- (b) Road clearance.
- (c) Demolition of unsafe buildings.
- (d) Emergency repairs to lightly damaged buildings.
- (e) Decontamination of streets, etc.

Mutual Aid Zones will more than likely have to provide much of the necessary equipment.

5. The Civil Defence Service

This service is not based on any existing organisation and has yet to be raised and trained. It has many roles, and to fulfil them it is split into sections. These are:—

- (a) **The Headquarters Section.**—After an attack, the Headquarters section takes over the control of the whole area, and directs the whole Civil Defence operation. In doing this, it collects, collates and disseminates all operational information, and controls the despatch of all services and resources into the Target Zone.

To do this, it is itself split into two sub-sections.

These are:—

- (i) Control and Communication Sub-section.

This is the control centre for the whole organisation, and is responsible for communications and maintenance of records of damage and events. Its pre-operational role is the planning and supervision of the training of all the other sections.

- (ii) Reconnaissance Sub-section.

This will be responsible for the monitoring and reporting the technical aspects of Atomic, Biological and Chemical warfare, e.g., gas contamination, fall-out, etc., to the Control and Communication Sub-section.

- (b) **The Warden Section.**—This section maintains the closest contact with the ordinary citizen, it being organised in each neighbourhood, in each street. The Wardens' main tasks, in which they work in closest co-operation with the police, are:—

- (i) Maintenance of morale.
- (ii) Assisting and advising the public.
- (iii) Movement of evacuees, refugees and walking wounded.
- (iv) Maintenance of a household register.

- (v) Supervision of emergency restrictions, e.g., lighting.
- (vi) Reconnaissance, and reporting to Civil Defence Control.
- (vii) Organisation of street parties for debris clearance, etc.
- (viii) Training in individual protective measures.
- (c) **The Rescue Section.**—This section is organised solely to rescue people who become trapped under debris or collapsed buildings. Owing to the magnitude of the task after Hydrogen bomb attack, many rescue squads must be formed. These squads would probably be raised in the Mutual Aid Zones and be ready to move into the Target Zone when ordered by the Zone Controller.
- (d) **The Welfare Section.**—This section, which will operate mainly in the Reception Zones and the Mutual Aid Zones, will be responsible for:—
 - (i) Evacuation and billeting.
 - (ii) Registration and inquiry services.
 - (iii) Social services.
 - (iv) Mass care, e.g.,—
 - Emergency feeding arrangements.
 - Clothing and accommodation for the homeless.

As indicated previously, there must be full co-operation between this service and the Health Services.

Other Organisations

There are two other organisations that will have a role in Civil Defence. These are:—

1. Industrial Civil Defence

Large industries and commercial undertakings will have their own Civil Defence organisations, which will frequently be extensions of the safety or emergency organisations normally maintained in peacetime.

They will be divided into—

- Headquarters
- Warden
- Rescue
- First Aid.

Although in operations Industrial Civil Defence will come under the Civil Defence Controller, it will not normally form part of the local Civil Defence division. However, close co-operation between the two is essential.

2. The Armed Forces

Unlike the United Kingdom, Australia has not got a policy concerning the use of the Armed Forces in Civil Defence. However, the presence of a large body of disciplined men, organised into medical, engineer and other units, would be invaluable in Civil Defence operations. It is hoped that some policy is forthcoming in the utilisation of at least some of the Armed Forces in the event of an Atomic attack on our cities.

Conclusion

The organisation of an effective Civil Defence system is a complex one, which calls for a large number of people to help—particularly people with technical skills. Every class in the community is involved, and all must be prepared to lend a hand. Pharmaceutical chemists are one group whose technical knowledge would be invaluable in such a system, and with a little extra training, say, in First Aid, could cope with many important posts and responsibilities. Preparations and plans must be made at all levels—and the people must be educated so as to be able to take both personal and community safety measures.

Much of this organisation is only in the planning stage, and no concrete plans have been formulated. To me it seems probable that some of the organisations at present envisaged will be altered in the light of further investigation. (The Health Services seem to be quite inadequate.) However much thought is being given to the matter, and I am sure that a competent organisation will eventually be formed.

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Silver Jubilee of Chemists' Service Guild of New Zealand

1957 Conference at Auckland

By H. A. Braithwaite

By invitation of the Dominion Council of the Chemists' Service Guild of New Zealand, I attended their 1957 Conference at Auckland, representing the Pharmaceutical Association of Australia. Representing the Federated Pharmaceutical Service Guild of Australia were Mr. G. Dallimore of Perth, Mr. L. Smith of Sydney—both Federal Guild Vice-Presidents—and Mr. W. C. Cotterell of Adelaide—Federal Guild Treasurer. Mrs. Dallimore accompanied her husband. Mr. Eric Scott could not accept an invitation because of other engagements.

After spending Friday night, April 26, in Sydney, reported at 8 a.m. Saturday at Teal Airways, and after the usual drill with luggage, tax officials, customs men, etc., had a smooth trip across the Tasman in pleasant sunlight in company with Mr. Cotterell and Mr. L. Smith. Mr. and Mrs. Dallimore were to follow on Monday after travelling overnight from Perth, but due to engine trouble and then threatened fog at Auckland they did not fly across from Sydney until the Tuesday. Our flying time for the 1342 miles was less than 4½ hours, and on the way in we were able to take pictures from the plane of the coast, the countryside all intensely green, the interesting bays and harbours, and the vast spread of suburban housing. After landing, a quarantine officer sprayed the inside of the plane and ourselves to keep out malarial mosquitoes and flies. On disembarking some good-looking chaps waved to us and later said that they felt sure that three prosperous-looking men together must be their colleagues. Then after the customs and other officials had looked over us and the various forms we had filled in, we met Mr. Keith Woollams, District Guild President, Mr. Nathan Ross and Mr. Paul Court. They took us to our hotel, the Trans-Tasman, where we had a comfortable stay during the conference—we received a lot of cheerful service during our stay, although we were a trial to the dining-room staff, as we often had meals with New Zealand chemists who were staying in the hotel.

On the Saturday evening and on Sunday, April 28, a number of chemists and their wives arrived at the hotel, and we were pleased to again see Mr. Noel Wilson and Mr. Charles Cameron and meet their charming wives. On Sunday morning Mr. Paul Court drove us around some of the sights of Auckland, and in the afternoon Mr. Keith Woollams and his wife showed us first his smart, newly-fitted city pharmacy, then an interesting drive including a planned showing of new homes, with thousands of people in hundreds of cars also looking over this building project. Later some drinks at Mr. and Mrs. Keith Woollams' home and an opportunity to meet their children. On Sunday evening we enjoyed a get-together gathering of Auckland chemists and delegates at the home of Mr. and Mrs. Harold P—. I cannot remember how to spell his name, but will never forget the courage of this man who has lost a leg through diabetic gangrene, but remains cheerful, doing lots of things for lots of people. We had a nice lunchtime break with him at the meeting of the Otahuhu Rotary Club on the Tuesday.

On Monday morning, April 29, Mr. Les Smith, Mr. Wally Cotterell and myself, in the company of Mr. I. Phillips, Chairman of Directors of Auckland Associated Chemist Ltd., visited two of Auckland's "Urgent Pharmacies." This company operates three pharmacies (soon a fourth) to cater for "after hours" medicinal requirements of the people of Auckland and its inner suburbs. These pharmacies are open each evening and in the day time on Saturdays, Sundays and holidays when all other pharmacies must be closed. These pharmacies are independently staffed, but in some parts of New Zealand the work is done by a roster of master chemists of a district, while in the outer districts the actual pharmacies are rostered for "urgent" service. Mr. Phillips and the staff showed us the way their establishments worked, told us of the huge volume of work, and even supplied us with a balance-sheet for our Federal office. We saw how they used micro-film prescription records, met an apprentice and found out how he fitted into this sort of pharmacy, and were astounded at the size of some of their purchases. Using 16 mm. film, 4000 prescriptions are micro-recorded on one strip. No other copy is made, and originals are sent to the Health Department for payment. Recording costs 1½d. per sheet of prescription and a viewer up to £50.

We had lunch with Keith Woollams at the meeting of the Auckland Rotary Club, and I enjoyed talking to several members who had visited Melbourne during the Olympic Games. In a walk around the city we saw the last of their tram rails being taken up—trolley buses and diesel buses are now used. We also saw a multi-storied car-parking building in the centre of the city. And beer being delivered in bulk in tank wagons as big as those used for petrol. During the afternoon we met the Dominion Council of the New Zealand Guild, talked with them—answering many questions about Australian conditions over afternoon tea. It seemed to us that their problems of staff, goods, rent, taxation and the like were much the same as ours, but the bigger cover of Government services meant this Council had much more responsibility than our Federal Guild with regard to contracts with the Government, as private prescriptions were less than 1 per cent. of all dispensing.

On Monday evening a reception of delegates and visitors attending the Conference was held in the attractive dining hall of the Farmers' Trading Company Store. The President of the Auckland Division of the Guild, Mr. W. M. H. Woollams, and his wife received the delegates and guests. Later he formally welcomed them all to the Conference, including their Dominion President, Mr. Noel Wilson, Dr. P. P. Lynch, Dominion President of the British Medical Association, and Mr. Smith, Mr. Cotterell and myself from Australia. Then Dr. Lynch delivered to the audience of over 300 interested and appreciative people a thoughtful address before declaring the Conference open. (We hope to shortly publish this address in full—it was about the relationship of the Government, medical practitioners, chemists and the public in regard to waste of "free medicines".) Mr. Noel Wilson replied to the welcome

to the delegates and councillors, Mr. Keith Woollams thanked Dr. Lynch before I was given the task of thanking the gathering for the welcome to the Australians. I said that I brought a message of goodwill from their Australian colleagues and the organisations of Australian pharmacy. It was, I said, natural and easy for me to bring a message of goodwill, as I represented a goodwill organisation, and I was supported by my immediate past President as well as Mr. L. W. Smith from Sydney. I went on to explain that the Pharmaceutical Association of Australia had as members all the pharmaceutical bodies of every State of Australia. Included in these were the Pharmaceutical Society of each State, the State branches of the Federated Pharmaceutical Service Guild, the State branches of Pharmaceutical Defence Limited, Hospital Pharmacists' Society, Women Pharmacists' Association and a liaison set-up with the Pharmacy Boards. I then explained how our Association conferences provide an open forum for all pharmaceutical chemists, and how our history supported our goodwill structure, for many important pharmaceutical things such as the "A.J.P.," the A.P.F., and how the Guild itself had originated from our conferences. And after again saying thank you for our welcome, I said Mr. Cotterell, Mr. Smith and Mr. Dallimore, who would arrive the next day, and myself hoped we could show the goodwill of our Australian fellow chemists by telling of our own organisations and their work. Afterwards we enjoyed supper and we felt pleased that the Conference had started nicely. During that day and that evening we had met many whose names were already known to Australian chemists—Mr. Burbury, Mr. Eric Prince, Mr. Ellis Shier, Mr. McDougall and others.

The first working session started on Tuesday morning, April 30, with the Australians being welcomed by the Dominion President, Mr. Noel Wilson. Our Mr. L. Smith then spoke from a paper of his on the Friendly Societies' attempt in New South Wales in 1952 to get complete open trading rights. Mr. Cotterell and myself fitted our remarks to those of Mr. Smith with details about conditions in our home States. Mr. Smith's advice to the New Zealand chemists to adopt positive (even forceful) tactics in the handling of their problems was received with applause. After morning tea Dr. J. L. Reynolds delivered an address on "Drugs Used in Cardio-Hypertensive Diseases." It is hoped that this whole paper will shortly be published in the "A.J.P." because he effectively covered the subject from Congestive Heart Failure and Digitalis to the most recent drugs being used for hypertensive conditions. He said that many of the new drugs (sometimes fresh presentations of old ones) were inconsistent and erratic in activity, but anyhow "many drugs are apparently effective because the patient had not got the disease anyway." Dr. Reynolds also said that one advantage of "Social Medicine" was that some expensive drugs were used more freely in New Zealand than any other part of the world. The vote of thanks to Dr. Reynolds was warmly supported by the big gathering of delegates, visiting chemists and representatives of other sections of the drug trade.

That afternoon the ladies of delegates and Auckland chemists went to a mannequin parade while the men went on a visit to the National Brush Company's factory. The tooling up and then mass production of tooth brushes and other chemists' sundries was informative and useful to those of us who handle these items at the retail end of distribution. In the evening the ladies were entertained at pictures followed by supper, but we attended with our New Zealand colleagues a meeting of the Pharmaceutical Society. Mr. Johnson, the new President, presided, but Mr. Ellis Shier, the immediate past President, and most of the members of the Pharmacy Board were present. The Pharmacy Board conducts the Pharmaceutical Society. We met the Registrar, Mr. Wynne, and listened to the business of the evening with interest. These matters

included representation on the Board, Pharmaceutical Education, Records of Proceedings, Hospital Pharmacists, etc. Disappointment was expressed at the long delay by the Government to help with Pharmaceutical Education and their final rejection of the inclusion of Pharmacy in a University department. The Australian visitors explained the varied set-ups in the Australian States, but emphasised that the first problem was to provide the community with personnel for Retail Pharmacy, although other types of practice were important for progress.

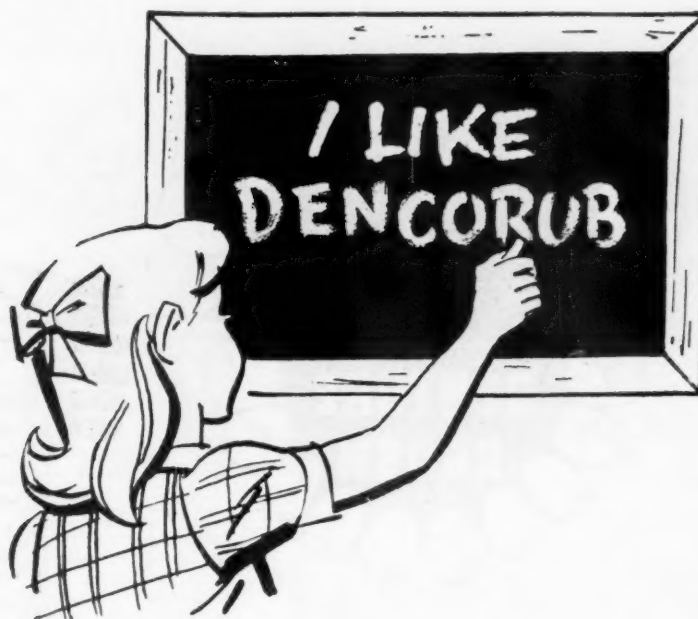
Wednesday, May 1, was given over to an all-day trip. A call was first made to inspect the hot-houses in the Domain. The staff on duty explained the care and propagation of their beautiful tropical and sub-tropical plants. Then a Conference Group picture was taken before rejoining buses for Helensville, between 30 and 40 miles north from Auckland. At the Springside Hotel most of the party enjoyed a swim in the natural hot pool before lunch. The drive after lunch took us towards the east coast and glorious views of bays, beaches as well as hills. At one point it was possible to see both the Tasman Sea and the Pacific Ocean. The drive back at times was through pretty bushland, with some Kauri trees, with a drop back into the city through some of the new suburbs.

In the evening the Annual General Meeting of the Guild was held with a big attendance of members. After confirmation of minutes of the last meeting, the President and Secretary reported on the past year's activities. These reports showed that a variety and a big volume of work had been done for a membership that was nearly 100 per cent. of the chemists in business. Several remits from different divisions were submitted, and the discussions ranged (at times vigorously) from chemist only contracts and standard packs to education and the stocking of jewellery and washing machines. As in Australia, some steam was let off, many viewpoints exchanged, with worthwhile results for the majority. At this meeting as on occasions earlier in the week, we (the Australians) advocated moves to ban company pharmacy, and that one man one pharmacy should be the ideal for professional responsibility.

The next morning included a visit to a confectionery factory for most delegates, but the Australians with Mr. C. Cameron had an interview with the press. The journalist reported us fairly, but was too knowledgeable to publish some of the points we tried to make with him.

Thursday afternoon was allotted completely to an address by the Dominion Secretary, Mr. C. Cameron, titled "Let's Face the Facts—The Cost of the Medicine Bill." We have asked for permission to publish this paper in full in the "A.J.P." Representatives of the press, manufacturing and wholesale chemists and some of the staff of the Health Department were present. The papers next morning gave some good publicity. Dr. Thompson, Director of the Health Department, spoke on several of the aspects submitted by Mr. Cameron, and informed the audience that in an endeavour to stop waste the Government would shortly reduce the permissible supply for an ordinary prescription from 15 to 10 days. It was interesting that all the information for graphs and figures had been gleaned from official publications. After congratulations to Mr. Cameron from several speakers, the proceedings concluded and the work of this Conference proper was finished.

At an earlier Dominion Council meeting of the Guild, Mr. N. Wilson had indicated that he would not seek re-election as President. At a meeting late that afternoon the Council elected Mr. Nathan Ross, of Auckland, as Dominion President. We had an opportunity of congratulating him soon afterwards, and I wish to say to him and his organisation that we would like him to visit us in Australia. Gaining the other fellow's



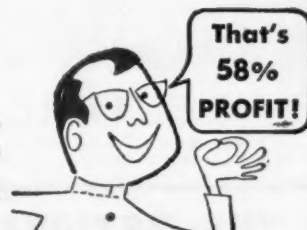
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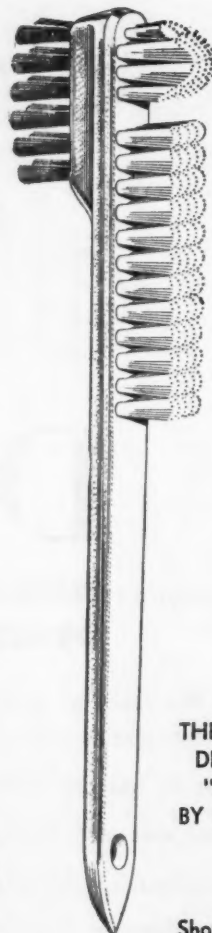
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viewpoint and seeing his work always repays the effort and expense of such a trip.

On Thursday evening, the grand finale of the Conference, a ball, was held at Sorrento, which is an attractive place out in one of the big parks of Auckland. All of us enjoyed the gathering with hospitality and friendliness at its best. The four representatives of Australia finished the evening hoping they had made some lifelong friendships with some of the New Zealanders.

On Friday morning, May 3, we said farewell to the Auckland chemists and many of their Dominion delegates as well as Mr. Les Smith. Mr. Smith went back to Sydney the next day on the "Monterey," while Mr. and Mrs. Dallimore, Mr. W. Cotterell and myself started a holiday in New Zealand. We travelled to Waitomo along the Waikato River through Hamilton and Te Awamutu. After lunch we visited one of the limestone caves and later the famous Waitomo Glow-Worm Cave. The glow-worm cave provides an unforgettable spectacle of a fairyland sky and alone is worth travelling from Australia. After dinner we returned to Te Awamutu for the night.

Next morning our route along the Waikato River through Cambridge allowed us to see the Karapiro hydro-electric power station, one of the chain along the river, each operated by the same water in turn. We reached Rotorua for lunch to stay at "Minerva Court." That afternoon we visited Paradise Valley to see the spring-fed trout pools. We fed the trout and saw them jump out of the water for meat and bread. That evening Noel Wilson and his wife arrived, and next day they took Mrs. Dallimore out for the day while Geo. Dallimore, Wally Cotterell and I had a day on Lake Rotorua trout fishing. We caught six nice rainbow trout near Nokoia Island and next morning had some for breakfast and two smoked to send home. On that Monday morning we visited the Maori village of Whakarewarewa and saw the geysers, their buildings and heard their stories. Some geysers were interesting, nearly all smelly, and the boiling mud pools repulsive. During the afternoon we saw the Blue and Green Lakes and the buried village of Te Wairoa, and that evening a Maori concert.

Next morning, Tuesday, May 7, we drove to Wairakei around the beautiful Lake Taupo and had a look at the Huka Falls. The falls were very impressive, and some of the geysers we saw that afternoon in the valley were interesting, but we were much more impressed by the work being done to harness some of the geothermal force as part of a huge power project. That evening we saw the Karapiti Blowhole erupting dry steam at immense pressure, and on the way back to the Wairakei Hotel were shown glow-worms in the bush.

On Wednesday morning we drove to the Chateau Tongariro, and before lunch went up to 3300 ft. to the snow line on the mountain. The adjacent mountain, Ngauruhoe, is an active volcano erupting smoke from a snow-covered top. After lunch we had a long drive through Wanganui on the west coast to reach Wellington after dark. When we had finished dinner we drove up to the home of Mr. and Mrs. Charles Cameron to spend a pleasant evening and see their three boys. The next morning we spent at New Zealand Guild headquarters, seeing how their excellent pricing service works, meeting the staff and giving Charles Cameron Australian opinions about some matters. Before calling on Charles Cameron we had spent a little time at Kodak headquarters with Mr. Clarkson and his Wellington district manager Mr. Stansfield from Melbourne. They kindly air-freighted home our smoked rainbow trout. Some buying of souvenirs and sightseeing including a run up to Mount Victoria lookout filled in the afternoon. After dinner we left Wellington on the "Kinemoa" for Lyttleton. Our chauffeur-courier, John Traill, had packed seven

days full for us and helped us adjust our plans for the South Island. The evening was fine and the lights of the city beautiful, but soon the cold drove us to our bunks.

Friday morning started with a steward and a cup of tea about 6 a.m. after only a little pitching of the boat during the night. Before 7 a.m. (cold with a drizzle of rain) another chauffeur, Bruce Thompson, met us at Lyttleton for the drive to Christchurch. We thawed out in front of big coal fires before breakfast and the day's journey to Dunedin. We left the Avon River to drive for miles close to the railway line through Ashburton and to lunch at Timaru. The Canterbury plains and the farms were interesting to see, as were the long bridges over the rivers. As we climbed towards Dunedin it got colder, and when we reached our hotel we were pleased to know that we would sleep on electric mattresses. Friday evening and a look at the shops, then a visit to Signal Hill to see and photograph the city lights by night. Back in the hotel we spent a pleasant evening (starting late because of Friday night trading) with some of the Dunedin chemists including Mr. and Mrs. Bell who visited Australia a few years back. These chemists and many others we talked to all wanted to know how we in Australia managed to be so independent about our professional and our trading interests. We told them that a lot of our success in our organisations came from personal contacts between our executives and our senior officers with the qualified people throughout the country.

Next day our trip was through old gold mining towns and some rugged country of mica schist, seeing the Clutha River several times, through Cromwell, along the Kawarau River, later to get to the Shotover River and down to Lake Wakatipu to enter Queenstown.

We stayed very comfortably at "Beach House" in Queenstown, Saturday evening, Sunday and Monday. Queenstown is on the east end of Lake Wakatipu. The lake, which is of glacial origin, is 52 miles long with jagged snow-covered mountains coming down to the eastern shore. These are called the "Remarkables" and provide a background for the township as well as its pretty park of trees and ponds.

On the Sunday morning we took photos round about and in the afternoon had a thrilling trip along the road in Skipper's Gorge. Several miles of road have been blasted out of a precipice, and you look down as though from a plane at a huge valley of farms and then miles of river that has been dredged for gold. Some miles out we had tea at a sheep station homestead before returning.

On Monday morning at 8.30 we were aboard the steamer "Earnslaw" with our lunch for a trip to the head of the lake at Kinlock. Calls were made at the jetties of several pretty station properties on the way, and we were ashore about 11.30 a.m. and into a bus to Routeburn Valley. The trip is through beechtree bush with quite a few birds to a lunch cabin on the Routeburn River below snow-covered Mount Earnslaw. On the way back to Queenstown the "Remarkables" looked cold and grim, but we saw small planes such as "Austers" and "Moths" in this sort of conditions all over New Zealand. These planes are used for spreading fertilisers, fodder, etc., over steep country in between short passenger trips.

After saying farewell to the Australian waitresses at the hotel we left Queenstown on Tuesday morning to climb through hills and gorges, over and around mountains, through Tarras up to Lindis Pass (3180 ft.). Then on to Omaroma, past the heads of several lakes, to the start of the Mackenzie Country, before turning into the road to the Hermitage at the foot of Mount Cook and at the head of Lake Pukaki. The country is wild, the streams are rough, and the moraine of the glaciers made of huge pebbles, some bigger than a house. After lunch at the Hermitage we went by bus

up to Ball Hut at 3600 ft. on Mount Cook. The road was too rough for a car and impossible for a car in the parts where there is no road. At this point you are at the foot of the Tasman Glacier and look up the Hochsteter Glacier. The Tasman Glacier is 1000 ft. deep and moves 18 inches per day. While we were at the hut, the guides made tea for us and we came out into a fall of "sago" snow (soft snow in small balls). On the run up we saw a chamois climbing up from the side of the road and the next morning saw a thar (a small antelope). Although we were pleased to have been to the glaciers and seen the start of the ski tow at Ball Hut, we were pleased on our return to get into the warmth of the Hermitage.

Next morning we awoke to find snow over the ground, the road and the cars. So we set off for a cold but pretty start on our run to Christchurch. This part of the trip starts along the centre of the island through the Mackenzie sheep country across to Ashburton. We had lunch at Geraldine and later finished our run on the road on which we had left Christchurch. That evening we went out to the home of Mr. Keetly Reynolds to a meeting of the Committee of the Christchurch and Canterbury Division of the Guild. Several who had been at the Conference were there, and I was pleased to meet again their President, Mr. Ell. We were also pleased to meet Mr. D. Dodd, who has done a lot of work for years for New Zealand pharmacy. Mr. Eric Dash, our own Journal correspondent, was there, and amongst other things told of his interest in student activities. The order of the evening was a free for all quiz of the Australians, and we enjoyed it as well as Mrs. Reynolds' huge supper. It was a most satisfying evening perhaps because we were talking to these men in their own home town.

Thursday morning, May 16, was misty with some rain, but Keetly Reynolds saw us off at the airport as we left for home. The customs and other officials and the plane were all a bit late, but we were in the air about 11.15 a.m., and flew out into sunshine over the top of the island to see the west side of Mount Cook and the whole snow-covered range. We used up some Kodachrome from the plane. A sleep in the sunlight, lunch, and we were approaching land about Gabo. The trip along the Gippsland Lakes and the Ninety Mile Beach was interesting and welcome—then over Yallourn, Dandenong to Essendon—1500 miles in something over six hours' flying time. Tom Evans and Bob Ross waved to us as we left the plane—a short wait—forms and a few questions by the customs, and we were on our way into the city of Melbourne after being away from home less than three weeks.

CELL CHEMISTRY. IMPORTANCE OF FREE RADICALS

William L. Laurence, writing in the section Science in Review, "New York Times," April 14, 1957, reported on recent findings in the mechanism of cell chemistry as follows:—

Scientists at Washington University, St. Louis, reported last week the discovery of a long-sought missing link in the chemistry of living cells. The pioneer experiments, carried out over a period of seven years, promise to open a new chapter in man's understanding of the mysterious chemical mechanisms in the living process, in youth and old age, in normal health and in the manifestations of baffling disease.

Research by a team of biologists, biochemists and physicists, directed by Prof. Barry Commoner, has revealed that an unusual class of molecules, known as "free radicals," bridge the hitherto unexplored gap between the start and the finish of the extremely fast chemical steps that power life processes. Free radicals have been known for years as the active ingredients of vigorous chemical reactions such as fires and ex-

plosions. Now it has been demonstrated for the first time that they also function in living cells, namely, that free radicals are also active ingredients in the fires of life.

The molecules of almost all chemical substances found in living things are held together by electrons acting in pairs, so that the total number of electrons in these substances is always even. In a free radical, on the other hand, one electron is unpaired, thus constituting a molecule with an odd number of electrons.

Reactions Traced

The experiments revealed that free radicals spark the unique reactions with which green plants, in the fundamental process named photosynthesis, harness the energy of the sun to create the world's food and to replenish the oxygen supply for respiration, the process also responsible for the world's supply of coal and other fossil fuels. The experiments have also proved that free radicals act in the biochemical processes which release the energy required for life activities from the food we eat.

Discovery that free radicals, which are still poorly understood, play a vital role in normal life processes is expected to open up new attacks on unsolved problems in biology and medicine, it was pointed out. For example, damaging effects of radiation and the cancer-producing activity of certain chemicals are believed to be due to the formation of abnormal free radicals in the affected cells. Experiments to find answers to these questions have been hampered until now by lack of clear evidence that free radical chemistry is important in living cells.

Scientists have known for a long time that living cells carry out unusual types of chemical reactions which in the chemist's crucibles are either impossible or require unusual conditions. These unusual chemical capabilities of living cells are related to the presence of enzymes, the catalysts uniquely found in living things. Highly active enzymes enable living cells to burn food without heat, to release the energy from this process and use it for the vast variety of life functions. Similar enzymes are involved in the unique ability of green plants to convert the energy of sunlight into food.

Function of Enzymes

Studies of the chemistry of such enzymes show that they stimulate the transfer of electrons from one molecule to another. In the burning of food like sugar, electrons originally present in the sugar molecule, where they hold one atom to another, are removed from it and passed along a complex chain of enzymes until they react with oxygen with the resulting formation of water. In photosynthesis the reverse process takes place, electrons being transferred under the stimulus of light from water molecules to newly formed sugar molecules.

Despite this information, the result of hundreds of investigations by biochemists over the past 50 years, little was known about the actual flow of electrons responsible for the vital chemical changes. Some 25 years ago the late Dr. Leonor Michaelis, of the Rockefeller Institute for Medical Research, a biochemist of world renown, surmised that the energy-yielding and energy-absorbing life processes were due to a flow of electrons across a chain of free radical bridges, but direct proof of that brilliant hypothesis seemed impossible because of the extraordinary difficulty of attempting to find such a short-lived missing link in the vast complex of chemical reactions that occur in living cells.

The experiments at Washington University have at last verified the Michaelis hypothesis. The work was based on new knowledge of the properties of the electron which resulted from the discovery in 1945 by a Russian physicist, E. Zavoisky, that electrons absorbed the energy of radar waves of a definite frequency. That discovery led to the development of a new instrument, the electron spin resonance spectrometer, which detects free radicals by their magnetic effect.

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Contemporary Figures in Pharmacy

No. 10 —Mr. Walter C. Cotterell

BY KEITH ATTWILL

Walter Charles Cotterell, of St. Peters, South Australia, is one of the noteworthy "all-rounders" of Australian pharmacy. Society, Board, Guild and Association have all known his indefatigable energy, meticulous attention to detail, rugged determination and ability to relax and enjoy the brief informal breaks in a long official programme.

If in later years he has shown a disposition to concentrate most of his time and energy upon the Guild, it has not been because of any diminution of his interest in the whole field of organised pharmacy. Rather is it because he has convinced himself that a long apprenticeship in other roles is a good grounding for the continuously heavy and exacting duties of a member of the Guild Federal Executive at a time of transition in pharmacy.

Walter Cotterell was born at Henley Beach, a suburb of Adelaide, on May 28, 1903, and was educated at Thebarton Public School and Woodville High School. In 1922 he was apprenticed to the late John White, in Vero Buildings, North Terrace, Adelaide. The glowing terms in which Walter speaks about Mr. White indicate that their association was a happy one. "He was an ideal 'master' of the highest character—one who could be designated 'one of nature's gentlemen,'" Walter told me.

Official Pharmacy Was His Goal

Walter has such an impressive record of organisation work in pharmacy that it is hard to imagine him in earlier days having any doubt about official pharmacy as a goal. His own disposition toward it was strengthened by Mr. White's contribution, for he was one of the earliest Presidents of the Pharmaceutical Society of South Australia and was the founder of the President's Medal. Mr. White excelled in another direction: he was a painter of considerable ability, and several of his canvases are hung in the South Australian Art Gallery.

The greater part of the business in White's pharmacy was devoted to the dispensing of prescriptions from the specialists who occupied rooms along the eastern side of Adelaide's graceful North Terrace, which faces the cultural buildings, tree-lined and skirted with trim lawns, that help to add charm and dignity to the city.

In this pleasant and profitable atmosphere John White practised his profession as an expert in every branch of dispensing, and manufactured many of his own galenicals.

In those days the wages of an apprentice were 10/- a week for the first year, with annual increases of 5/-, so that in the final year it was £1/5/- a week. Upon qualification, the wages paid for an assistant were £4/10/- a week; the hours were from 8.30 a.m. to 9 p.m.

Most of the lectures during apprenticeship were given during the evenings. "A lecturer who will always stand out in my memory was the late Professor Rennie, Elder Professor of Chemistry at the University of Adelaide," said Walter. "I can never remember him bringing a notebook or papers into a lecture to help his memory, and in comparing notebooks with previous students I found that his sequence and wording were practically identical year after year."

The Lady and the Laudanum

When I asked Walter Cotterell to describe some incident that had remained in his memory from those early days in White's Pharmacy he related this one:

"Many customers with distinctive characters came into White's. One who had been a familiar visitor for years was a lady who was regularly supplied with a one-pint bottle of laudanum on the order of one of the North Terrace specialists. This customer lived in a distant country town, and the bottle was regularly posted to her. Occasionally during transit by sea to the customer the parcel was crushed and the bottle broken. Whenever this happened the customer caught the ship to Adelaide, and was invariably seated upon the front doorstep of the pharmacy when we arrived to open at 8.30 a.m.

"The manager of the pharmacy at that time was extremely afraid of any 'poison.' The first time he found the customer on the doorstep the manager was rather startled when the lady asked him for a medicine mea-



Mr. Walter C. Cotterell

sure in which to pour the 'medicine.' Dubiously the manager handed over the measure and the pint bottle of laudanum. With great skill and dexterity the lady poured out approximately two teaspoonfuls, which she swallowed with great satisfaction.

"At that moment I chanced to look at the manager, who was watching the woman with the bottle and the measure. To my astonishment his eyes almost left their sockets. For several seconds I contemplated rushing for the Spt. Ammon. Aromat. to revive him, but happily first aid was not necessary. As for the patient, she was transformed from a depressed, jaded state to a bright, alert disposition, and prepared to face life once again."

It is frequently said by those senior leaders of pharmacy, whose responsibility it is to encourage the younger generation to take up official work, that one can usually pick out a man as best suited for the Board, the Society or the Guild. You could not do that with Walter Cotterell. I remember him 10 years or so ago as a member of the Pharmacy Board of South Australia, and the responsibility sat upon his shoulders as if he had been trained for that work alone.

But at that very stage he was fast making his name as a Guild man who possessed that rare quality—political sense. This was sharpened by the able men round him in official pharmacy in South Australia. No man could sit at a Board meeting in Adelaide without learning something from E. F. Lipsham, whose knowledge of Board work, the intricacies of regulations, and the ways of Parliaments is not surpassed in Australia. "Cec" Retallick, a Guild Federal Council stalwart just before the time of which I write, was now in failing health. E. C. ("Ted") Cole, of Prospect, one of the nearer suburbs of Adelaide, had succeeded "Cec" Retallick on the Guild Federal Council.

A Successful Campaign

In 1947 I was summoned to Adelaide to help the State Branch Committee to organise a campaign to have the number of Friendly Society dispensaries in South Australia "pegged" to their 1947 number. The matter was of such importance that the Guild Federal President (Mr. Eric Scott, who had just succeeded Mr. A. W. McGibbony) had also gone to Adelaide. We were met by the local committee, and we found that Retallick and Cole had chosen Walter Cotterell as their liaison officer with us for the Parliamentary campaign. This was meticulously organised, and was so effective that when we were ready to seek an interview with the Premier, Mr. Playford (this was before he was knighted) we were confident that we would win. The Premier introduced the "pegging" legislation and it was passed by Parliament. Although our case was unanswerable by the dispensaries, it required thorough organisation, and Walter Cotterell showed them that he had rare ability in that most difficult of all tasks, the presentation of a case to members of Parliament.

Walter Cotterell's record of membership in pharmaceutical organisations is an impressive one. Take, for example, the Pharmaceutical Society of South Australia: he was its treasurer for several years, and occupied the position of President for the period 1942-45. He was chairman of the State Revision Committee of the Australian Pharmaceutical Formulary for the last two editions. I have mentioned his work on the Pharmacy Board; this extended into the Federal arena during meetings of the Pharmaceutical Association, at which the programme includes always a conference of Pharmacy Boards. His work on the South Australian State Branch Committee has been conspicuously good, and as President and also Federal delegate he soon made his name at meetings of the Federal Council. Here, as in other spheres of official pharmacy, "Wally" Cotterell never yielded a point unless he was absolutely convinced by argument. Time after time I have seen him stand his ground for South Australia in debating a question at the Federal Council table. His memory is almost faultless, and his capacity to hang on from one Council meeting to another until he has worn down opposition is familiar to his fellow-delegates.

Guild Federal Executive Work

When the health of that unforgettable character, the late Orion Leggo, began to fail, and it became clear that he would never be able to resume his great work on the Federal Council, Walter Cotterell succeeded him as Federal Treasurer. Later, when the Guild Federal Executive was increased from three members to four, it consisted of Messrs. Eric Scott (Federal President), G. H. Dallimore, W. C. Cotterell and L. W. Smith. The rapid growth of the Guild and the complexity and diversity of the problems coming to the Federal Office

and its departments have necessitated more frequent meetings of the Executive and more constant personal touch between the Executive and the senior executive officers of the Guild. With Messrs. Dallimore and Smith as Vice-Presidents, and Mr. Cotterell continuing as Federal Treasurer, the Federal Executive today has reached a pitch of efficiency never before possible. That is no reflection upon those who have gone before.

For several years it was apparent that Mr. Cotterell was destined for the Presidency of the Pharmaceutical Association. At the Brisbane Conference in 1951 he was elected Deputy President, and when Mr. W. R. Cutler, of Kingsgrove, N.S.W., retired from office, at the Sydney Conference in 1953, Mr. Cotterell succeeded him. The ease and assurance with which he filled the Presidency impressed his old friends and the new ones he made at the Association conference, with its opportunities for men and women from all States and New Zealand to meet formally and informally and discuss their problems. In his work he has been ably supported by Mrs. Cotterell, a very popular figure at the many conferences she has attended.

Mr. Cotterell delivered his valedictory address as President of the Association at the official opening of the conference in the Royale Ballroom, Melbourne Exhibition Building, on May 21, 1956. The opening ceremony was performed by Sir Edmund Herring, Chief Justice of Victoria, and there was a distinguished and representative attendance, including leaders of kindred professional associations.

Value of the Association

"Is the Association Worth While?" was the title of Mr. Cotterell's address. Was it appreciated, he asked, by rank and file members? Did it deserve to be known as the forum of pharmacy? Were its decisions ever implemented? What had pharmacy gained, overall, from Association conferences?

Then Mr. Cotterell proceeded upon a detailed examination of Association work since the Adelaide conference of 1946, and gave convincing reasons in support of his own conclusion that the Association undeniably was worth while.

The importance of the relationship between Australian pharmacy and New Zealand pharmacy was underlined by the decision that three members of the Guild Executive in Australia (Messrs. Dallimore, Smith and Cotterell) should accept the invitation of the New Zealand Guild to attend its twenty-fifth anniversary meeting in April last. With the President of the Pharmaceutical Association of Australia (Mr. H. A. Braithwaite), they made one of the strongest delegations ever to represent Australian pharmacy in New Zealand.

NEXT MONTH: MR. KEITH THOMAS

KILLING BOTTLES

One of the most interesting features to many young people in the Biology or Science course is the collection of specimens. Where insects are concerned, they have been generally killed in the so-called poison bottle where potassium cyanide is frequently used. We are all familiar with the deadly nature of the cyanides in general, by ingestion, or by inhalation of the vapour.

It is a simple matter today for the pharmacist to suggest the use of some other relatively innocuous substance to do the job—for example, D.D.T. in some form or other. A pressure bomb will do the killing if sprayed to replace the air in the bottle. Chloroform and Carbon Bisulphide may be used for the same purpose.

—Extract from "Bulletin of the Ontario College of Pharmacy," March, 1957.



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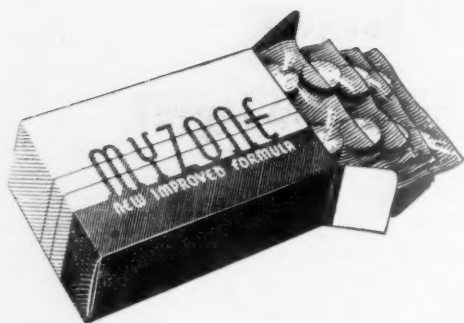
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Historical Glimpses of Pharmacy in Australia

The Foundation Years

No. 10 — The South Australian Society

BY KEITH ATTIWILL

One of the writer's earliest recollections of pharmacy in South Australia is of a big sign in black paint on the wall of a little mixed goods shop in the Adelaide suburb of Walkerville, where I was born, in which we spent our ha'pennies upon all-day suckers, aniseed balls, and silver sticks. "Mr. Blank's Famous Horse Drench" said the sign. "On Sale Here!" There was more wording, which suggested that the non-pharmacist Mr. Blank was a dealer in "magic and spells" (to quote W. S. Gilbert) in the form of jollop, which he mixed up in a den at the rear of the little shop. I remember, too, the glowing rich red and blue of the carboys in the pharmacy opposite the Buckingham Arms Hotel. That was 40 years ago. My mother's cousin, Dr. Constance Cooper (one of the first women to qualify as a doctor in South Australia), became the wife of Mr. Arthur K. Newbery, of Birks Chemists Ltd., Rundle street, Adelaide.

These memories are prompted by the fact that this instalment of these articles about the foundation years of pharmacy deals with South Australia.

The beginnings of organisation which led to the formation of the Pharmaceutical Society of South Australia go back to the eighteen-eighties. Records show that before 1884 Pharmacy in South Australia "was largely a matter of getting supplies wherever they could be obtained—chemists and druggists for prescriptions and sundries, and storekeepers, small shops, and hawkers for domestic drugs and packed medicines."

The quotation is from the "Jubilee Year Book, 1936," published by "The Australasian Journal of Pharmacy." It continued, "There was little or no antagonism between them, the chemists being the direct suppliers to the stores. But feeling was growing, and the other States had legalised (sic) pharmacy."

It adds the alarming statement that "there was no protection from incomers from these States, while Melbourne, Brisbane and Hobart were closed against Perth, Adelaide and Sydney." Little wonder that in the long wrangle which led tortuously to the federation of the six Australian States somebody coined a memorable phrase, "the barbarisms of borderism"!

The Society is Formed

In 1884 the determination of a few positive thinkers to press for the formation of a pharmaceutical society was reflected by letters in the two morning newspapers of the day, "The Register" and "The Advertiser." Thinking along traditional British lines, the propounders planned well. The Pharmaceutical Society of South Australia was formed in September, 1885.

Among the earliest pioneers in the development of the educational and training system for pharmaceutical chemists in South Australia were the first two presidents of the Pharmaceutical Society. They were Messrs. W. H. Harrison and F. E. Grundy, who, with their respective secretaries, Messrs. W. H. Main and C. Radcliffe, held office from 1885 till 1891. The by-laws which became operative from January, 1886, mentioned that the following constituted the first Council of the Society:—Messrs. Harrison (President), Grundy, Grummett, Parker, White, Poole, Main (Secretary), "with Messrs. Gowter, Young and Baker in minor positions."

Legislation was the first objective, and the first Pharmacy Act was passed in 1891. Following the British tradition, the Council declared that the Society was the body responsible for the education of pharmaceutical chemists, and this was accepted. The Council arranged for students to attend the University of Adelaide for lectures and practical work in chemistry and botany, as provided for science students. Two years later the University agreed to the formation of a class for the teaching of pharmacy, and the class was begun in 1895, as indicated in the minutes of the Society dated February 21, 1895.

Soon the Council began to discuss the question of reciprocity of certificates between the States. In 1887 the Society was incorporated. At first there was some difficulty in deciding whether the controlling body should be a board or a council. Nevertheless, a Pharmacy and Poisons Bill was drafted, and presented to Parliament, but it was withdrawn because of opposition from the storekeepers! Eventually legislation was passed in October, 1891, under which members of the Council of the Society—at that time (according to the "Jubilee Year Book, 1936") Messrs. Grundy, Main, Hill, White, Hutton, Radcliffe and Young—were gazetted as members of the first Pharmacy Board. Membership of the Pharmaceutical Society was a registrable qualification.

The seeds of the School of Pharmacy were planted a long time ago. Although the curriculum has been amended from time to time to provide for the gradual changes always occurring in the practice of pharmaceutical science, there has been no break in the original pharmaceutical educational system in South Australia.

Full-time Course

The pharmacy course is full time during the academic year of 30 weeks, instead of the old system of broken time. When the new system was introduced in 1953 there were some misgivings, but experience has shown that it has been a success.

In 1933 a board of studies linking the University and the Society was set up, and the document for registration by the Pharmacy Board is now the Diploma in Pharmacy, University of Adelaide.

The staff at the Pharmacy Department has grown from one to four, and there are ten part-time lecturers. By 1940 accommodation for students had become inadequate, and in that year part of the Darling Building was occupied, with three times as much space as had been previously available.

Today pharmacy graduates in South Australia automatically attain the status of Associates of the University of Adelaide: this distinction is unique in the Commonwealth of Australia.

It has been well said that in South Australia the development of the educational and training system for pharmaceutical chemists has run parallel with the growth of the State in many other directions.

Reverting to the past, I found in old files of "The Chemist and Druggist of Australasia" (which, by the way, was the official organ of the Pharmaceutical Society of South Australia, as well as of other similar bodies), a surprising reference to the numerical strength of the profession. It stated that the census of

1891 showed that in the previous decade the number of "chemists and druggists" in the State had increased from 191 to 276. The population of South Australia had risen by about 13 per cent. in the period 1881-1891 and the number of chemists by 44.5 per cent.

At the ninth annual meeting of the Society (held in 1894) it was reported that the Society had 143 members, and that nine students were attending the University. According to the "C. & D.," one of the members said that the name of the President, Mr. W. J. Main, turned the speaker's memory back to the inaugural meeting of the Society. He said that Mr. Main had been largely responsible for the original meeting, and added that Mr. Main "did all the work" in the early days of the Society. And Mr. Main himself recalled that at the first meeting, when there were 36 persons present, not six of them knew each other except by name.

In 1892 the "C. & D." referred to the recent death of Mr. W. D. Allott, J.P., in the following terms:—

"Perhaps the best-known chemist's shop in Adelaide was that conducted by the late Mr. Allott, who commenced business in Rundle street in 1854. The deceased gentleman's name was a household word, he having acquired a reputation for great ability in prescribing for minor complaints. He took a large interest in municipal affairs, was a councillor in 1869, and mayor in 1873. He retired from active business a year or two ago owing to failing health (and) . . . died at the age of 75 years."

"Rods in Pickle!"

Again, in the same journal (August, 1894), we find a salty reference to the politics of the day in a reference to Mr. C. S. Hill, who was apprenticed to Mr. W. J. Main (first secretary of the Society when it was formed in 1885). When the Bill for the Poisons Act of 1862 was being discussed, Mr. Hill had a task which was sniffed at by the South Australian correspondent of "C. & D.," for he said that Mr. Hill,

"had to run round to procure signatures of the chemists to protest against the long list of drugs which were scheduled as poisons by the Legislative Council, because it would interfere with their trade with the stores, and as the said stores had frequently been visited on sundry occasions by Mr. Hill in his capacity of traveller it is natural enough to suppose the druggists were anxious to keep up the then (sic) style of doing business. What rods they were pickling under which they themselves (sic) might dance so nimbly within thirty years later!"

Mr. F. E. Grundy, an early President of the Society, died in April, 1896. He had been in business as assistant, manager and proprietor for 45 years. He had been educated at Manchester College, England, and came out to Australia with his parents. He was "in business" in Gawler, and later was engaged by the old firm of Main and Geyer, eventually taking over its management. When the partnership was dissolved he continued as manager for Mrs. Geyer.

According to the "C. & D." (May, 1896), he went into business for himself,

"where he might have made a comfortable living but for the fact that the Stock Exchange, with its rather incongruous following, took quarters nearly next door. This and the dull times soon had effect, and trouble and great worry brought about the present result, no doubt.

"As a thinker and a speaker, Mr. Grundy had all those qualities which are proper to a chairman, and he always had an important if not a leading position on any board or committee of which he happened to be member. To many of us he was gentleness itself, and his presence at any of the meetings meant peace and decorum.

"The past ten years was a busy time for Mr. Grundy. The Pharmaceutical Society, the agitation for an Act in 1887, and again in 1890 the establishment of the Board, with its officers and responsibilities, gave us ample opportunity of a thorough acquaintance with him, and when the storm of 1891 was over and the Board became a fact, the old gentleman's enthusiasm would lead him on to fight the battles over again, and imaginary foemen were unmercifully laid low. He was a strong supporter of athletic sports, and always president or chairman of clubs. He leaves a widow, a son, and three daughters."

[Mr. Lipsham says that the date 1890 given above should be 1891.]

Purposeful in its beginnings, picturesque in its pioneer members, the Pharmaceutical Society of South Australia won a proud place in the foundation years of official pharmacy in Australia.

NEXT MONTH: BEGINNINGS IN TASMANIA

DANGERS OF THE USE OF VENDING MACHINES FOR DRUGS

In a recent report of the annual meeting of the Committee on Toxicology of the American Medical Association, the following statements appeared under the subhead *Exploitation of Non-prescription Drugs*:

"During the past year, several instances potentially harmful to the public health, especially that of children, have occurred. Representative situations include promotion of a clown-shaped medicine bottle designed to attract children to the container, promotion of vitamin pills on a children's programme in a manner appealing to the toddler's taste for sweets, and distribution of aspirin by vending machines. Since drugs cause 20 per cent. of the accidental deaths (33 per cent. in children under 5 years) and 22 per cent. of the suicides from non-gaseous poisons, the Committee feels compelled to comment on these developments. Devices intended to tempt children to accept drugs as something other than medication can have only unfortunate consequences. Medicine containers designed as toys tempt the very young to take freely of their contents. Vending machines for the automatic dispensing of aspirin, vitamin and other non-prescription drugs are subject to the same censure. Such machines operate unattended, and children cannot be expected to discriminate between those that dispense gum and candy and those that dispense drugs. Accordingly, the Committee moved that it be placed on record as against the use of vending for drugs in public places accessible to children and others lacking in mature judgment."

These statements should be considered seriously by drug manufacturers, especially in view of the present heat over restrictive sales provisions in the State pharmacy laws. The vending machine angle is of major importance. But attracting children to the use of non-prescription drugs by use of appealing containers and flavours is also something that must be carefully studied as some control might eventually be deemed necessary. It is one thing to flavour prescription drugs for children so that they can be more readily administered when the child is under the care of a physician, but it is quite another thing to flavour drugs for children sold over the counter. Vitamins as well as laxatives and other drugs are potent substances and harm can definitely be caused by the consumption of too large amounts.

—Extract from "Drug and Cosmetic Industry,"
January, 1957.



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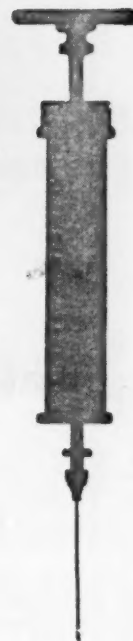
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Quacks Through the Ages

Second part of a Paper by

A. Dickson Wright, MS., M.B., F.R.C.S.

Immediate Past President, The Medical Society of London, read to the Society on Wednesday, November 21, 1956, with Sir Charles Dodds, M.V.O., M.D., D.Sc., F.R.C.P., F.R.S., Courtauld Professor of Biochemistry, University of London at Middlesex Hospital Medical School, in the Chair.

(Reprinted from "Journal of the Royal Society of Arts," No. 4995, January 18, 1957.)

At this time there was a great sale of necklaces for teething children of peony wood and bags worn round the neck to prevent rickets; these have their modern equivalents in rheumatism bangles of Borneo seaweed, iodine lockets, and once I noticed in a patient's socks a copper plate for one heel and a zinc plate for the other, and the current generated kept off sciatica; and nowadays a great Stock Exchange tip for lumbago is a violin G string tied about one's middle. Modern quacks could learn still more from the past; one ingenious device used by a **Doctor Tufts** was to say that he had four new diseases not yet known to anyone but himself for which he had infallible cures; they were: "The Strong Fives, the Moon Pall, the Marthambles and the Hockogrockle." The device of charging very high prices for a medicine was utilised in those days; this is indulged in nowadays, too, in rejuvenating serums. One universal powder in Charles II's day cost £6 an ounce, equivalent to about £200 today.

Female quacks in the olden days, dealing with general diseases, imitating men, hung out Red Cloths with coagulated stones taken out of the bodies of the female sex. They could not compete with the Mountebanks, and their monkeys and zanys, so concentrated on sterility, and "in those cases to which Venus should misfortunistically be wounded with a Scorponious Poyson by tampering with Fiery Mars, she by antidoets expels the poyson Jove-like though never so far gone." They also offered beauty treatment, and their handbills are little different from the advertisements in ladies' Journals of the present day, except for the claims made in the eradication of the ravages of smallpox and the frequent mention of "wainscot face" and "morphews."

Certain of the prevailing diseases of ancient times produced their special quacks; scurvy was such a one, and a herb called scurvy-grass or spoonwort was greatly extolled; it is impossible to find out what this herb actually was, probably each vendor had his own herb. Great controversies were waged between these quacks, **Bateman, Blagrove** and the **Sieur de Vermantes** and their broadsheets about each other make the most entertaining reading.

Insanity (usually called swear and tear) produced another group of quacks. Lunatics were so badly treated in Bedlam that the fear of lunacy was very great, and nostrums found a ready sale. Quack surgeons did a handsome trade, making an incision in the forehead and extracting from it a pebble, which was palmed by the surgeon. There are pictures in the art galleries of the Prado in Madrid, and in Amsterdam, portraying this procedure.

The Great Plague of London produced another horde



Kneller's portrait of a famous eye quack of Queen Anne's time. He practised in partnership with his wife, and they did not confine their activities to diseases of the eye.

of plague quacks; this may have been due to the fact that the doctors left London during the visitation. One is probably more kindly disposed to this kind of quack than any other, if he stayed in London and braved the terrors of the time.

Quacks in eye complaints teemed during the reign of Queen Anne, because she was a sufferer from sore eyes. The first was **Sir Charles Read**, the first quack to be knighted. He was an assiduous advertiser, and treated Marlborough's soldiers gratis for nothing, and

this was the account on which he was knighted. The *Oculist* was written about him; the first verse was:

Whilst Britain's sovereign Scales such worth has weighed,
And Anne herself her smiling favours paid,
That sacred hand does your fair chaplet twist
Great Read her own entitles oculist.

Queen Anne died, Read became sworn oculist in ordinary to George I, but he died soon after his accession. Nothing deterred, **Lady Read**, who stepped into the breach and made just as rampageous claims as the late departed and offered to couch cataracts, remove wens and polypi, and so on. Read, who started life as a tailor, was ousted from Queen Anne's favour by one **Roger Grant**.



Chevalier John Taylor, the most picturesque of all the empirics and one of the first to realise that specialism made a special appeal to the public.

When Read and Grant were gone, they were succeeded by **John Taylor** (1702-1772), the most famous and colourful of all the eye quacks. He received no title from the Sovereign, although he was oculist to two, so he styled himself the Chevalier John Taylor, Ophthalmiator, Pontifical, Imperial and Royal. He justified these latter titles by saying that he had treated Pope Benedict XIV, and the Kings of Poland, Denmark and Norway and Sweden. He also obtained from Frederick the Great a letter patent to be his Oculist, but as this was accompanied by an order to leave the country within six hours, it was not a great triumph and brought him little comfort. Frederick also added

that if he touched the eyes of one of his subjects he would string him up. It is hard to understand why Frederick bothered to give him a patent at all. Voltaire, who was living at Potsdam with the Emperor at this time, cynically observed that Frederick had driven from his dominions the only man in the world who could have opened his eyes.

Chevalier Taylor was the son of a surgeon in Norwich, and he was trained at St. Thomas' Hospital under Cheselden, the great anatomist, surgeon and medical artist, who was incidentally an ophthalmologist and the discoverer of the operation of iridectomy, which is still a very valuable procedure. Taylor found life in Norwich as an orthodox general surgeon hard to bear, and he longed to specialise. He therefore embarked upon his amazing career of itinerant quackery at the age of 24. It was very essential for operating oculists to be mobile and freely itinerant and to refrain from revisiting previous haunts within twenty years, for fear that any of their blind victims were still alive. So for the next 45 years he travelled the world, reaching as far as Moscow and Teheran. He became facile in languages and his 55 books were published in many countries. At the age of 33 he was made oculist to George II, and amongst his illustrious patients was Gibbon, who said that he had been tortured by Sloane, Meade, Ward and Chevalier Taylor. He claimed to have operated upon Bach in his eighty-eighth year and restored his sight. Actually, Bach became quite blind following the operation, which was done at the age of 61, and he died at the age of 65.

A more bombastic individual never existed than Chevalier Taylor. Whether in his innumerable lectures or his 55 books, he affects a style grandiloquent to the point of comedy. One famous speech to the students of Oxford University started thus:

The Eye, most illustrious sons of the muses, most lyric Oxonians, whose fame I have heard celebrated in all parts of the world. The Eye, that most amazing, that stupendous, that comprehending, incomprehensible, but miraculous organ, the Eye is the proteus of the passions, the herald of the mind, the interpreter of the heart and the window of the soul. The Eye has dominion over all things, the world was made for the Eye and the Eye for the world.

In his journeys he met everyone of note in the scientific world, and he claimed as his acquaintances Boer Haave, Haller, Morgagni, Winslow, Munro, Linnaeus, and of course the two Hunters. At the other extreme, he knew Metastasio, Jack Shepherd, Jonathan Wilde and, naturally, the "rabbit woman" of Guildford. He was proud of his languages and they must have been good, but his Latin was dubious. On one occasion he is said to have conversed two hours in Latin with Dr. Johnson. The Doctor was not impressed, because, following this interview, he described him "as the most ignorant man I ever knew, but sprightly." Further, he cited Taylor as an instance of "how far impudence will carry ignorance."

In keeping with his speeches, Chevalier Taylor affected a grand style, and at what he called the "crisis of his grandeur" he travelled with two coaches, each with six horses and ten servants and livery. The coaches were painted over with numerous eyes and bore the motto—*Qui dat Videre dat Vivere*. When he arrived in a town, he established himself in an Inn, in a suite of rooms, and there was to be seen a display of all his decorations, his glittering gold instruments, his testimonials, public addresses and his Royal Letters of Patent. His lectures were illustrated by models of the eye in enamel, which he had purchased or had made during his Italian tour.

In spite of all his dishonesty, effrontery and mendacity, the Chevalier was thought by many to be a

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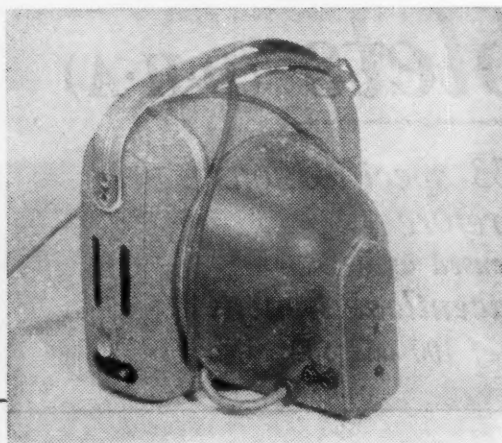
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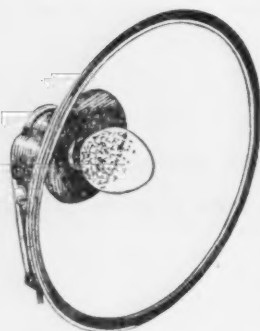
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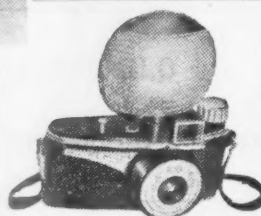
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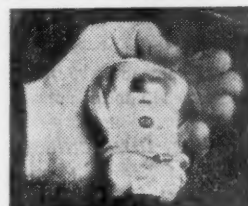
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good operator, and he made some contributions to the surgery of the eye. Some credit him, rather than Daviel, with the operation of cataract extraction, and he was undoubtedly the first to do a tenotomy for squint. In his old age he became blind, but he remained peripatetic to the end, and he died in one of the institutions which he so often ridiculed, namely, a convent in Prague. His portrait was painted many times, and he was the target for many lampoons and plays and operas. He figures prominently in Hogarth's famous caricature *The Undertaker's Arms*. In that cartoon he is holding a physician's cane, on which an eye is painted and resting his head upon the shoulder of a very repulsive woman, who carries a human humerus in her hand.



Hogarth's cartoon, "The Consultation of Physicians" or "The Undertakers' Arms." The upper three are Chevalier Taylor, Sally Mapp and "Spot" Ward, with the birthmark on the wrong side of his face. The other figures were lesser known individuals of the period. In the middle of the second row is Misaubin, who, although qualified, came to be regarded as a quack and is one of the four doctors mentioned by Fielding in "Tom Jones."

This woman is crazy **Sally Mapp**, the bonesetter, who created a great stir in the early days of Hunter's life in London. It is strange to think that Chevalier Taylor, with his studied elegance of phrase and his attitude of superiority, should have struck up a relation with this woman, whose appearance and language were equally vile. It is presumed that medically their paths did not cross and that they sent each other cases. Sally Mapp had a meteoric career, as had her sister, who was the more good looking and was the original Polly Peachum of *The Beggars' Opera*, on whom the eyes of the Duke of Bolton rested too long, with the result that she became a duchess. Sally Mapp was born at Hindon, which is close to the fabulous Palace of Fonthill, built by William Beckford, the West Indian

planter, and famous Lord Mayor, who snubbed George III. Her father's name was Wallin; he was an itinerant bonesetter, and took Sally to act as announcer at his booth, at fairs and race meetings in Wiltshire. When he was missing his daughter carried on and dealt with the cases, and with her strong hands she did even better than her father. Accordingly, she soon left him and established her own practice under the banner of "Cracked Sally—the One and Only Bonesetter." Success brought her to London; she took a house at Epsom and did much there with the racing fraternity. While there she met and married a footman called Hil Mapp, but he soon decamped with some of her money.

Like Chevalier Taylor, she drove in magnificent state. Her coach and six horses, with footmen and outriders, was festooned with the abandoned crutches of her cured patients. She came once a week to London, where she made straightway for the Grecian Coffee House, where she consulted and saw numerous cases. This coffee house was also used by Sir Hans Sloane for his private practice and prescribing. She did a roaring trade, poems and couplets about her abounded, and a play called "Husband's Relief" concerned her. There was a Mrs. Mapp Plate at Epsom Races and a racehorse named Sally Mapp. On one occasion, when driving up the Old Kent Road, she was mistaken by the mob in her magnificent equipage for George II's unpopular Dutch mistress. When held up by the mob, she put her head out of the carriage in the manner of Nell Gwynne and announced with anything but a foreign accent . . . "Damn your blood, don't you know me; I am Mrs. Mapp, the bonesetter." She saw many famous patients, even the niece of Sir Hans Sloane,



Loving's portrait of Joshua Ward showing the trigeminal naevus which gave him his nickname of "Spot."

was brought to her, and as a consequence of this Hans Sloane was one who championed her cause. She did so well that Chevalier Taylor and Ward parted company from her, and they tried in a Court of Law to obtain an injunction to stop her encouraging the singing of a couplet which ran thus:

Forgot in the bustle are Taylor and Ward,
For Mapp's all the cry and her fame's on record.

Sally's retort to this threat was to encourage another couplet, namely:

Quacks without art either blind or kill,
But demonstrations prove that mine be all skill.

An affinity for alcohol ruined her career, and the coach and horses no longer clattered up the Epsom road; she grew fatter and more loathsome, and was swallowed up by Seven Dials and found her way from there to a pauper's grave.

In Hogarth's cartoon, resting on Sally Mapp's other shoulder, is a gentleman with a birth mark on the left side of his face. This is **Joshua Ward**, another leading quack of the period. He is again a strange partner for such a lady, because he came of a good Yorkshire family. He started life as a dry salter with his brother in Lower Thames street, and the business premises were burnt down, with Ward escaping with a friend in their night attire by climbing over the adjoining roofs. From dry salting to politics was an easy step, and he was returned as Member of Parliament for Marlborough, but he only sat in the House for five months, as it was found that his election was illegal and he was unseated. In point of fact, he did not receive a single vote. He was soon entangled in further scandal concerned with the South Sea Bubble, and took refuge in France, where he started the practice of quackery with the British colony in that country, especially in Dunkirk. His main interest was in the sale of pills and drops. In 1735 George II pardoned him and he returned to England and commenced practice immediately. His many distinguished patients included Horace Walpole, Chesterfield, Gibbon, General Churchill and Henry Fielding, who refers to him in his sad book *Voyage to Lisbon*. He secured royal patronage, and his interview with George II was illuminating. The King had a swollen thumb, which had been diagnosed as gout, and which had resisted the attention of all the Royal physicians. As it happened, it was not gout but a very painful dislocation. Ward, before entering his presence, concealed in the palm of his hand some of the "Headache Essence," which incidentally was the original of the camphor compound liniment used even to the present day. He asked the King to be allowed to examine the thumb, and without much ado he seized it roughly and gave it a mighty wrench which gave the King exquisite pain; recovering, the King cursed him for a rascal in German and such English as he could muster, and kicked Ward violently and petulantly in the shins. When he cooled off, Ward asked him to move his thumb, and, to the King's amazement, he achieved it quite painlessly. Overjoyed, the King completely changed his attitude, embraced Ward, called him his Aesculapius and asked him to take a seat. Then he asked him to name any wish in the world, and Ward modestly said he would not like anything for himself, but could his nephew, William Gansell of Peterborough, be given a commission in the Guards? This Gansell later became a general and gave his name to the Gansell pear. When the King importuned him to take a favour for himself, he humbly asked permission to drive his carriage through St. James' Park. This apparently was a very great privilege. The King not only granted this, but presented him with a coach and six horses in order that he could do so. The King also granted him a room at the King's Almonry at Whitehall for seeing his poor patients.

Ward also took some houses quite close to Buckingham Palace, or Buckingham House as it was called in those days, and he also had a surgery for poorer people in Threadneedle street. Pursued everywhere by a torrent of jealous criticism from the doctors and from the lay, he nevertheless flourished, and his practice grew and grew. Most of his remedies contained arsenic or antimony, and, strange to say, two of his prescriptions have lived to the present day, Friar's Balsam and the Compound Camphor Liniment. He was very conspicuous on account of a large port-wine stain of his face, affecting the lower two divisions of the



An allegorical picture of Joshua Ward. He is seen refusing a purse of gold from Britannia and asking her to give it to the mother who is suckling her child. Various maladies can be recognised among the group of poor who importune him for help, especially the dropsical man who supports his ascitic abdomen.

fifth nerve on the left side. On account of this stain he was known as Spot Ward, and he was recognised by all the street hawkers and crossing sweepers because of his disfigurement, which had some publicity value. He, however, was ashamed of it, although his two portraits by Loving and Bardwell show it very clearly. Unable to find an artist to paint him without the mark, he hit upon the ingenious idea of having his statue carved in white marble. This was done by Carlini, who was paid 200 guineas a year until it was completed. Actually, he continued to receive the money until Ward's death, which was many years after the statue was completed. The statue now stands in the home of the Royal Society of Arts in the Adelphi.

(To be continued)

CASTOR OIL WILL BE SHORT

The United States Commerce Department announced from Washington on April 25 that the world is running out of castor oil.

The Commerce Department said that in the next four years castor bean demand would far outstrip the supply. The Department blamed this on new commercial uses for castor oil—particularly in the production of new synthetic fabrics.

THINGS THEY ASK FOR

Further examples of "The Things They Ask For" include:—"Lug Hole Iodine;" "Morfatip" (Morph. et Ipecac.); "Algebra cream" (Algipan supplied); from D. G. C., of Wells, Somerset, who reports that he once had an assistant who thought "Aq. Dill." meant dilute water.—"The Alchemist."

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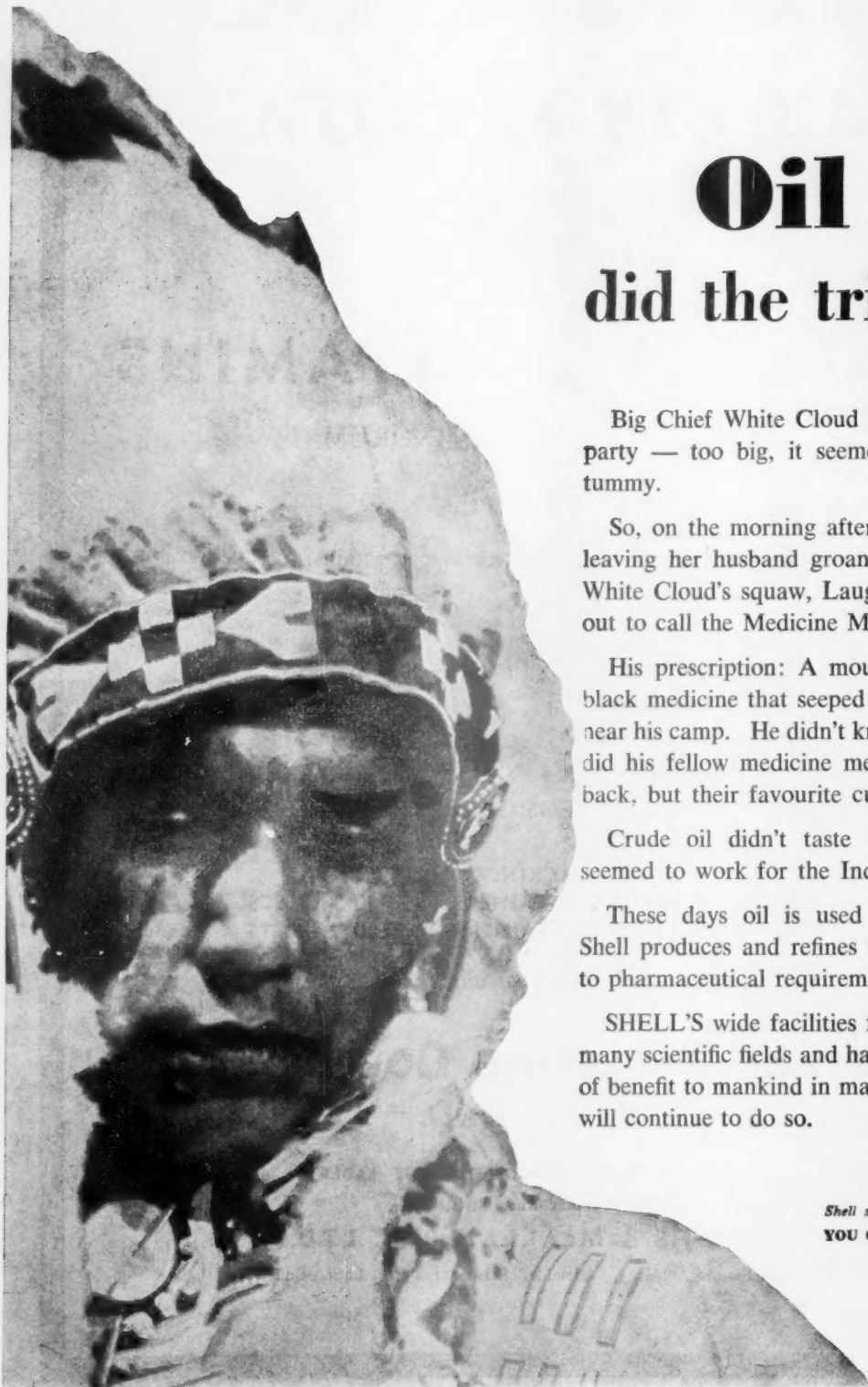
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Big Chief White Cloud had been to a big party — too big, it seemed, for his tender tummy.


So, on the morning after the night before, leaving her husband groaning in the teepee, White Cloud's squaw, Laughing Water, went out to call the Medicine Man.

His prescription: A mouthful of the oozy black medicine that seeped out of the ground near his camp. He didn't know it, and neither did his fellow medicine men for generations back, but their favourite cure-all was *oil*.

Crude oil didn't taste very nice, but it seemed to work for the Indians.

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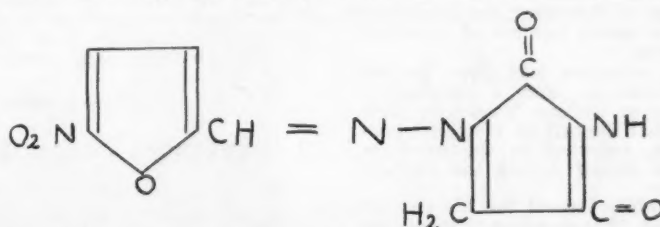
By
Geoff K. Treleaven, Ph.C., F.P.S.

PHARMACEUTICS DEPARTMENT,
VICTORIAN COLLEGE
OF PHARMACY

NITROFURANTOIN

Nitrofurantoin is the Approved Name adopted by the British Pharmacopoeia Commission for a new chemotherapeutic agent specifically for urinary tract infections.

Chemically, it is a furan derivative, i.e., -N-(5-nitro-2-furfurylidene)-1-aminohydantoin, and has the following structural formula:—



Action and Uses

Nitrofurantoin acts by interfering with the enzymatic metabolism of the bacterial cell. Like other compounds of the nitrofuran group, it apparently affects different mechanisms than do the sulphonamides and antibiotics, because development of bacterial resistance to these latter agents is not accompanied by increase in resistance of the organisms to Nitrofurantoin.

Nitrofurantoin, like other furan derivatives, possesses a distinct advantage in that when attempts have been made to develop bacterial resistance to these drugs in vitro only a very slow and limited degree of resistance appears even after repeated transfers.

Nitrofurantoin exhibits a wide spectrum of antibacterial activity against both GRAM-POSITIVE and GRAM-NEGATIVE organisms, especially those common to urinary tract infections, and certain protozoa. In vitro it is active against *Bacterium coli*, *Staph. aureus*, *Staph. albus*, *Str. faecalis*, *Str. mitis*, *C. diphtheriae* and *Diphtheroids*, *Bact. aerogenes* and many strains of coliform organisms, many strains of *Proteus*, *Paracolon* species, *Salmonella* and *Shigella* and *N. gonorrhoeae*.

Although Nitrofurantoin is often ineffective in vitro against the *Pseudomonas* group bacteria, clinical experience has shown it to be more active than might have been expected from the results of in vitro sensitivity.

Nitrofurantoin retains its antibacterial effectiveness in the presence of serum and pus. It has also a high solubility in human urine.

Nitrofurantoin does not inhibit fungi or viruses.

Faecal bacteria during and after Nitrofurantoin therapy are not appreciably changed.

Dosage

The average adult dose is eight 50 mg. tablets per day — 2 tablets given with each meal and 2 on retiring, with milk or a light snack.

When more rigid control of dosage is required, the usual dosage range of Nitrofurantoin is 5-8 mg./Kg. (2.2 to 3.6 mg./lb.) body weight in a 24-hour period. One-fourth of this dose is given four times daily, with food to minimise nausea.

Weight of Patient		Dose q.d. with meals and at bedtime	Number of Tablets q.i.d.
lb.	Kg.		
60-84	27-38	50 mg.	1 x 50 mg. tab.
85-114	39-51	75 mg.	1½ x 50 mg. tabs.
115-139	52-63	100 mg.	2 x 50 mg. tabs.
140-169	64-76	125 mg.	2½ x 50 mg. tabs.
170-224	77-101	150 mg.	3 x 50 mg. tabs.
225-250	102-113	200 mg.	4 x 50 mg. tabs.

If the infecting organism proves refractory, increase the dose to the maximum of 10 mg./Kg. (4.5 mg./lb.). If nausea is severe, reduce the dose, but not below 5 mg./Kg. (2.2 mg./lb.) in 24 hours.

An adequate dosage level should be maintained constantly for at least 5 to 7 days, and for 3 days after the urine is sterile, but for not more than 14 days. If definite improvement does not occur within 7 days, the drug should be discontinued. This course of treatment may be repeated, if there is a recurrence, after a rest period of 4 weeks.

Do not force fluids beyond normal; this would dilute the anti-bacterial concentration in the urine.

Contra-indications

Nitrofurantoin is contra-indicated in oliguria, anuria, or severe renal damage.

Cautions

Nausea and vomiting may occur in susceptible patients, especially at high dosage. This is usually obviated by reduction of the dose, but not below 5 mg./Kg. per day — the minimal dose required for effective therapy. In the occasional case of sensitisation, as evidenced by urticaria or rash, discontinuing treatment will control the symptoms rapidly.

Nitrofurantoin is marketed in Australia by Smith, Kline & French Laboratories (Aust.) Ltd. under the name of "FURADANTIN."

Women's Section

Correspondent: Miss A. K. Anderson

Two of the best known women in pharmacy are leaving for abroad this month. Mrs. L. J. Maloney, Federal President, of Adelaide, leaves by air, with her husband, on May 21; and Miss Eleanor Chalmers, a member of the Council of the Pharmaceutical Society of Queensland, who was President of the Women Pharmaceutical Chemists' Association of Queensland for some years, will leave by plane today for a six months' trip. We wish them both a very happy holiday.

THE WOMEN PHARMACEUTICAL CHEMISTS' ASSOCIATION OF VICTORIA

On May 2, at the College of Pharmacy, the President, Miss Smalley, welcomed a record number of members to our 23rd Annual Meeting.

A report of the year's activities was given by the Hon. Secretary, Miss Anderson, and a satisfactory balance sheet was presented by our Treasurer, Miss MacGillivray. Our National Council of Women representative, Mrs. Thompson, reported on the meetings she had attended on our behalf during the past 12 months.

Before the election of office-bearers for the coming year, the retiring President, Miss Smalley, thanked the Committee for their co-operation during her term of office, and said how pleased she had been to see Federation, one of her dreams and ambitions for pharmacy, realised.

The election of office-bearers for 1957-58 then took place and resulted as follows:—

President: Miss K. Keogh.

Vice-Presidents: Miss F. Smalley, Miss A. Anderson.

Hon. Secretary: Miss I. Maskell.

Treasurer: Miss R. MacGillivray.

Committee: Mrs. Carter, Misses J. Caird, G. Donaldson, M. Murrell, G. Bethell, N. Ganderton, J. Munday.

Mrs. Buchanan was appointed National Council of Women representative, with Mrs. Murrell as proxy.

Following the election, a short business meeting took place, with a discussion on the badge, after a sample of the pocket badge from N.S.W. had been shown to members.

A most successful meeting concluded with supper served in the Museum.

A theatre party to the Comedy was enjoyed by members and their friends on May 16, when "Double Image" was voted one of the best theatres we've had for some time.

The next general meeting will be held at the College, when the guest speaker will be Mrs. R. G. Casey.

THE ASSOCIATION OF WOMEN PHARMACEUTICAL CHEMISTS OF NEW SOUTH WALES

Our annual ball held at the University on a warm evening was the highlight of our activities for May. Members of the Committee took time to decorate the Refectory with balloons, and vases of sweet peas were placed on each table.

We were happy to have in our midst Mr. and Mrs. L. W. Smith, who were representing the Pharmacy Board and the Guild, Mr. and Mrs. K. H. Powell, representing the Pharmaceutical Society, and Mr. P. O'Grady, representing S.U.P.A.

Over 100 people attended, and as the evening pro-

ceeded many "exciting" prizes were won by the poor, unsuspecting dancers. However, we were not entirely merciless, for F. H. Faulding & Co. Ltd. presented the Association with a beautiful cut glass decanter of "Lavender and Musk." This was won by Mrs. Ryan who, by a coincidence, was with a party from F. H. Faulding & Co. Ltd. During supper Mrs. Ryan requested that Mrs. Campbell should place the decanter among the prizes, and it was won later in the evening by Mrs. Sawdern at a spot dance.

The Committee decided unanimously that a special "thank you" is due to Mr. T. Curry, of Eastwood, who kindly consented to act as M.C. for the evening.

The Association would like to thank the many drug firms for the help and support they gave, which made our ball the success we hoped it might be.

Our thanks are also due to all those members of the Association who gave their time and energy to make the ball a happy and successful occasion.

DANGEROUS DRUGS—THEIR LABELLING

The "Export Review," November, 1956, reported:—

"A meeting of experts on dangerous substances, held at the International Labour Office in London recently, brought together specialists from eleven countries, Argentina, Belgium, Canada, France, West Germany, India, Italy, Switzerland, the United Kingdom, the United States and Russia.

"During their session, the I.L.O. experts had three meetings with members of the United Nations Committee of Experts on the transport of dangerous goods.

"At the meeting the participants listed and classified the dangers represented by about 160 substances from acetaldehyde to zinc phosphide, including a number of newcomers produced by the modern chemical industry as well as the common pesticides. Nicotine, hydrocarbons (other than fuels), and radioactive substances most commonly used in industry are among the substances listed.

"The experts were of the opinion that the more dangerous insecticides should be marked with the international symbol indicating danger of poisoning, namely, a skull. Serious accidents have been known to occur among farm workers and their families as a result of insecticides being delivered without any indication on the container of the dangers involved. In addition to the danger symbols drawn up by the I.L.O., which are simple and striking enough to be understood even by the illiterate worker (they show an exploding grenade, a flame, a skull, for danger of explosion, fire, poisoning and so forth), other warning data might also be affixed to containers. Such basic texts should include the name of the substance (preferably its chemical name and not only its trade name), a description of the chief risk or risks, a statement of the chief precautions to be taken, and, if necessary, a statement of first-aid or other simple measures to be taken in the case of injury or emergency. The experts drew up a number of specimen texts of this type for the five principal dangers.

"The meeting also dealt with other aspects of the problem of labelling dangerous substances. The experts said that data sheets on dangerous substances, compiled by specialists and kept up to date in the light of experience and technological developments, are particularly useful to carriers, distributors and users of such substances who have neither the means nor the experience that would enable them to assess the hazards and decide upon the most appropriate precautions."

*Introducing a
preparation for the
symptomatic relief of asthma*

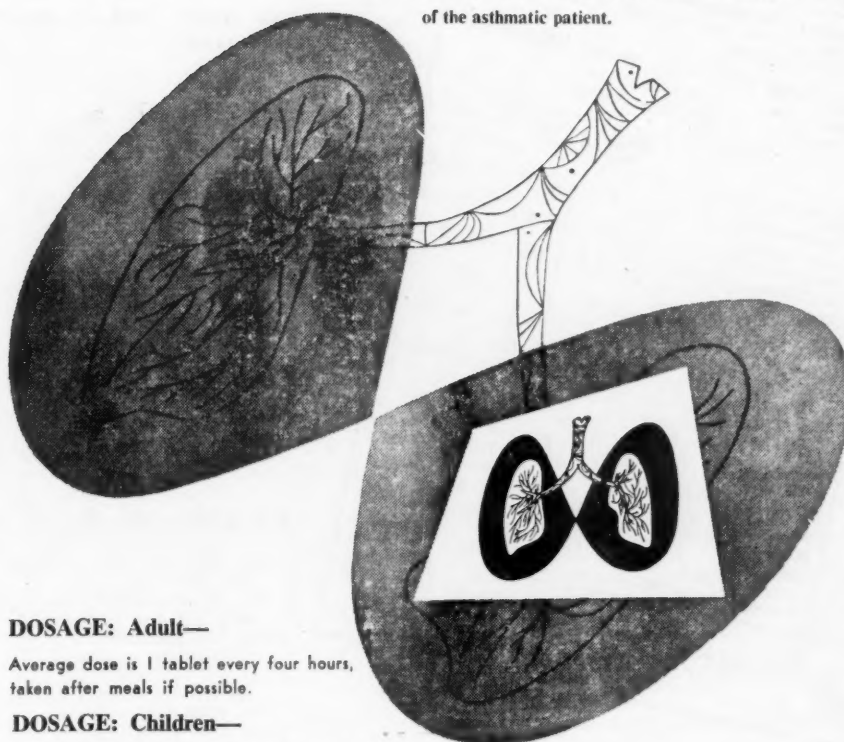
...Tedral

Tedral offers in a single tablet, the combined effects of three drugs, each of them valuable for the symptomatic relief of asthma.

THEOPHYLLINE, to relax the spasm of the bronchial musculature.

EPHEDRINE HYDROCHLORIDE, to relieve oedema of the bronchial mucosa in addition to relaxing the bronchial muscles.

PHENOBARBITONE, to relieve the anxiety of the asthmatic patient.



DOSAGE: Adult—

Average dose is 1 tablet every four hours, taken after meals if possible.

DOSAGE: Children—

6-12 years: $\frac{1}{2}$ tablet not more often than four hourly.

Under 6 years: As decided by the physician.

PACKAGING:

Tedral is supplied cellophane sealed in cartons of 24 and 120 tablets.

Distributed by

WILLIAM R. WARNER & CO. PTY. LTD.

Telegraph: QUICKPILL, Sydney Telephone: MX 2355

TED.1. A.J.P. 55

HOW TO MAKE MORE PROFIT

on QUICK-SELLING B.M.L. products

THIS CHEMIST MADE 49.6%
Extra 7½% Bonus Profit, £2'0'4
TOTAL PROFIT £12'6'3

Special Order Form

Please deliver immediately the undermentioned quantities of British Medical Laboratories' products and allow me/us the SPECIAL PARCEL DISCOUNT as indicated.

PARCEL VALUE OVER £10 - 7½% EXTRA DISCOUNT
 Over £7'10/- .. 5 % extra discount
 Over £5 .. 2½% extra discount

QUANTITY Dozen	PRODUCT	MINIMUM SELLING PRICE	WHOLE- SALE Dozen	TOTAL
1/3d	CURLYPET	4/10	33/7	2 10.5
	Plus Sales Tax 25%			
1/2d	CURLYPET SHAMPOO	6 1/2d	3/10	3 7.6
	Plus Sales Tax 25%			
1	DR. MACKENZIE'S MENTHOIDS, Economy	15/-	135/-	4 1.0
1	DR. MACKENZIE'S MENTHOIDS, Large	9/-	81/-	4 10.0
2	DR. MACKENZIE'S MENTHOIDS, Small	5/-	45/-	2 14.0
1	FORD INHALER	3/-	24/-	6 6.0
1/4	FORD PILLS, Large	6/-	54/-	7.11
1/4	FORD PILLS, Small	3/6	31/6	1 18.3
1/4	KANATOX, Large	10/-	31/6	
1/4	KANATOX, Small	3/6	76/8	
1/4	MENTHOLD CREME	9/6	31/6	1 2.6
1/4	NUXOIDS, Large	3/6	11/3	
1/4	NUXOIDS, Small	1/3	90/-	
1/4	PRESSOR SALT	10/-		
1/4	YOUTH-O-FORM	20/7	166/2	
	Plus Sales Tax 12½%			
	TOTAL			26 17.7
	7½% or 5% or 2½%			2.0.4
				24 17.3

(Cross out which discount does not apply)

Chemist's Stamp: *[Signature]*

Heavy, continuous advertising in Press, National Magazines and over 107 Radio Stations in Australia speeds the sales of B.M.L. popular household remedies. They sell quickly. Many chemists sell their parcel order before they have to pay for it. Handy, compact Sales Dispensers are available on request.

Order your EXTRA PROFIT BONUS PARCEL from your favourite wholesaler or direct from—

British Medical Laboratories Pty. Limited

87-91 CLARENCE STREET, SYDNEY

YOU, TOO, CAN..

make an additional 7½%. Get your share of the EXTRA BONUS PROFIT on B.M.L. products. Buy in £10 (or more) parcel lots. You can assort items or quantities to your needs.

EXAMPLE A.

1 doz. CURLYPET	£1 13 7
Plus Sales Tax	
1 doz. DR. MACKENZIE'S MENTHOIDS — Economy	3 7 6
1 doz. DR. MACKENZIE'S MENTHOIDS — Large	2 0 6
1 doz. DR. MACKENZIE'S MENTHOIDS — Small	2 5 0
1 doz. FORD PILLS — Large	2 14 0
3 doz. FORD PILLS — Small	4 14 6
1 doz. MENTHOLD CREME	9 2
1 doz. PRESSOR SALT	1 2 6
TOTAL	18 16 9
7½% SPECIAL PARCEL DISCOUNT	1 8 3
	£17 8 6
TOTAL PROFIT—49.28%	£8 11 2

EXAMPLE B.

1 doz. CURLYPET	£1 13 7
Plus Sales Tax	
1 doz. DR. MACKENZIE'S MENTHOIDS — Economy	1 13 9
1 doz. DR. MACKENZIE'S MENTHOIDS — Large	2 0 6
1 doz. DR. MACKENZIE'S MENTHOIDS — Small	1 2 6
1 doz. FORD PILLS — Large	2 14 0
3 doz. FORD PILLS — Small	4 14 6
1/6 doz. MENTHOLD CREME	12 9
1/6 doz. PRESSOR SALT	15 0
TOTAL	15 6 7
7½% SPECIAL PARCEL DISCOUNT	1 3 0
	14 3 7
TOTAL PROFIT—49.25%	£6 19 11

Readers' Views

To the Editor.

These columns are open for the free discussion of any matter of general interest to Pharmacists. Letters under a nom de plume may be published; but each correspondent must furnish his name and address as an evidence of good faith. It must be distinctly understood that the opinions expressed by our correspondents are not necessarily endorsed editorially.

INVESTIGATION OF A BUSINESS

Mr. A. Y. S. Wilson, of Nyah West (Vic.), has submitted the following list of questions for which intending purchasers of pharmacies might seek answers. Readers are invited to comment:—

When the purchasing of a business is contemplated, there are many details that require investigation by the intending buyer, and set out below is a questionnaire, the answers to which materially assist in the smooth running of the business, should it be taken over. The questions are many and varied, but are quite relevant, although in some cases they may be irrelevant, depending on the type and location of the business under review, as some businesses specialise in certain items, such as cosmetics, chiropody, photography, veterinary supplies, etc.; consequently this list is not conclusive, as further investigation is necessary where there is any specialisation.

1. **Turnover.** Figures for the preceding two or three years should be known, as present figures may show an increase due to some local event, or temporary works project.
2. **Purchases.** Amounts and sources of supply.
3. **Gross Profit.** Percentage of.
4. **Overhead.** Rough estimate, per week.
5. **Net Profit.** Percentage of.
6. **Stock.**
 - (a) Sheets, if available.
 - (b) Valuation.
 - (c) Amount of bad or outdated stock.
7. **Goodwill.**
 - (a) Basis of calculation?
 - (b) Amount required.
8. **Price asked.**
9. **Freehold.**
 - (a) Is it a Trust Estate? If not, who is
 - (b) The Owner?
 - (c) Relations with Landlord. Is he easy or hard to get on with?
 - (d) Age of Landlord? If he is elderly, then on his demise the freehold may be taken over by someone requiring the premises, or
 - (e) The freehold may be offered for sale.
 - (f) Is there an option of first refusal in the event of a sale?
 - (g) Is there a mortgage on the freehold?
 - (h) Is there any possibility of it changing hands in the near future?
 - (i) What are the prospects of purchasing the freehold, at present?
 - (j) What is the rent of the shop, and also of the dwelling if one is attached to the premises?
 - (k) Is the dwelling sub-let, and what is the rent of it?

- (l) Is the rental on a weekly or monthly basis?
- (m) How is rent paid?
 - (aa) Does an agent or somebody call for it or,
 - (bb) Is it a monthly debit to your bank account?
- (n) Is there a lease of the premises?
 - (aa) What is the duration of the lease?
 - (bb) When does lease expire?
 - (cc) Is there an option of renewal on expiry, with a first refusal clause?
10. **Rates,** and do you pay them?
 - (a) Municipal. How much?
 - (b) Water. How much?
 - (c) Sanitary (if in a country area). How much?
11. **Gas Supply.** Are there separate meters for both shop and dwelling?
12. **Electric Supply.**
 - (a) Are there separate meters for both shop and dwelling?
 - (b) Are there any power points, and their location?
 - (c) What is the condition of the installation?
(This is important, as, if you should want additional installation, if or when you took over, then the electricity authorities may demand a complete renewal of the existing wiring before additions could be made, and you could be up for another £50 or so.)
13. **Dispensing.**
 - Private.
 - (a) Number of scripts per day on the average?
 - (b) Do you use a prescription book, or the filing system?
 - (c) Do you dispense for private hospitals? And what terms and arrangements do you have with them?
 - (d) Is there much counter prescribing?
 - (e) Have you any special arrangements with a doctor?
 - (f) Has the doctor a key to your premises, enabling him to obtain supplies should you be absent after hours?
 - N.H.S. Do you have much, and what roughly are the main items, called for?
 - Repatriation. Is there much?
 - Public Hospital, and any arrangements you have with them?
 - Dangerous Drug Register and Cupboard. Is it in order?
 - Poison Cupboard and the Poison Register. Is it in order?
(Stocks in the D.D. cupboard must be accurately taken and recorded, if and when you take over.)
14. **Health Centre.** Is there one in the town, and when is it open?
15. **Infant Foods.** Is there much sale?
16. **Agencies.**
 - (a) State Savings Bank? Commissions received for operation.
 - (b) Hospital Benefits? Commissions received for operation.
 - (c) Coles and Garrard, Opticians? Commissions received.
 - (d) Beauty Salon and receipts from same?
 - (e) Insurance companies?
 - (f) Are you an Amcal Chemist?
 - (g) Any other?
17. **Photographic.**
 - (a) Is there much D. & P.?
 - (b) Who does the D. & P.?
 - (c) How is D. & P. collected or despatched?
 - (d) Have you a depot for D. & P. work, e.g., the railway station?
 - (e) Do you do any Home Cine work?
 - (f) Do you do any street photography?

- (g) What brand of films do you usually carry in stock?
- (h) What is the volume of film sales like?
18. **Chiropody.** Is that conducted here in this shop?
19. **Veterinary Business.** Have you much sale for these supplies?
20. **Farm Supplies.** Do you do much in this respect?
21. **Own Name Lines.**
 - (a) Have you much sale?
 - (b) Do you make them, or buy them ready made for labelling.
 - (c) Will the private formula of these lines be handed over if the business is purchased?
 - (d) Are any of these own name lines supplied to other traders, e.g., hairdressers, etc.?
 - (e) What are the terms of sale in respect of these lines?
22. **Gilseal Lines.** Have you much sale for these lines?
23. **Nyal Sales.** Is there much sale for these lines?
24. **Toilet Sales.** Is there much sale for toilet lines, e.g., Lournay, Max Factor, etc.?
25. **Special Sales.** Do you have special sales attractions at certain times?
26. **Sales Tax Certificate.** Do you hold one in respect of a certain line?
27. **Opposition.**
 - (a) Who are they?
 - (b) Nearest?
 - (c) Do they specialise in anything?
 - (d) What are your relations with your opposition?
 - (e) What borrowing arrangements have you made? Do you return items, or are they charged?
28. **U.F.S. Dispensary.**
 - (a) Is there one in the town, or, if not,
 - (b) Is one contemplated?
 - (c) Arrangements, if any?
29. **Doctors Nearby.**
 - (a) Obtain a list, with visiting hours?
 - (b) Any special arrangements with them?
30. **Nurses' Discounts.** and any arrangements made with them.
31. **After Hour Work.** Is there much?
32. **Night Bell.** You have a bell on the front door. Is it run by batteries or by a transformer on main power supply?
33. **Postal Business.** Amount of.
34. **Welfare Clubs.** If any, what discounts are allowed?
35. **Sporting Clubs.** Do you do any business with these clubs, e.g., First Aid equipment, etc., and what discounts and/or arrangements?
36. **Government Business.** Business with M. & M.B.W., Water Commission, Forestry Commission, Lands Department, etc.
37. **Market Day.** Is there a market day in the town? Have you any arrangements on that particular day?
38. **Factory Business.** Do you do any factory business, e.g., First Aid supplies, or supplies of chemicals, etc.? What discount or arrangements have you with these firms?
39. **Discounts.** Are any made to other traders on purchases?
40. **Advertising.**
 - (a) Picture theatre screen?
 - (b) Trade journals?
 - (c) Newspapers?
 - (d) Wireless?
 - (e) Circulars?
41. **Syndicate Buying.** Do you buy parcels of patents, in conjunction with other chemists or traders?
42. **Window Dressing.** Do you dress your own shop windows, or are they done under contract with some outside firm?
43. **Hours of Business.**
44. **Booking System.**
 - (a) Do you have a ledger or filing system?
 - (b) What is the amount of your book debts?
 - (c) Obtain a list of doubtful credit risks.
45. **Charity Subs.** Do you make any regular subscription to a charity, from whom a collector may call periodically?
46. **Water Filter.** Is there one in the shop, or close handy?
47. **Sink in Shop.** Is there a sink in the shop?
48. **Refrigerator.** Do you possess one for the storage of serums, etc.
49. **Cash Register.** The make, and if a maintenance upon it is kept up.
50. **Typewriter.** What is the make, and is it serviced regularly?
51. **Safe.** Do you possess a cash safe, and what is the make?
52. **Personal Scales.** Type?
53. **Baby Scales.** Have you one in the shop?
54. **Neon Signs.**
 - (a) Your own?
 - (b) On hire?
55. **Unpaid-for Fittings.** Have you any fittings that have not been fully paid for?
56. **Blinds.** Are there any veranda blinds? Are there any window blinds?
57. **Employees.**
 - (a) Qualified assistant and his wage?
 - (b) Unqualified assistant and his wage?
 - (c) Apprentice?
 - Year and wage?
 - Ability?
 - Indenture transfer?
 - Premium adjustment?
 - (d) Female shop assistants?
 - (e) Casual employees, e.g., at busy periods?
 - (f) Charwoman?
 - (g) Window cleaner?
 - (h) Nightwatchman?
 - (i) Errand boy and his age and wage.
58. **Bicycle.** Does the business possess one, or does the errand boy use his own for messages, and what allowance is made to him for this use?
59. **Garbage Collection.** Is this collected by the council, or do you have to dispose of your own?
60. **Trading Name.** Is there one attached to the business?
Has the purchaser the right to trade under the trade name?
61. **Banks.** Various names and locations?
62. **Rail Service.** Details of service, and inward goods (if in the country)?
63. **Tram Service.** Details of service, and possibility of an extension?
64. **Bus Services.** Details of service, and possibility of an extension?
65. **Plane Service.** Details of the service.
66. **Rear Entrance.** Is there a rear entrance to the premises?
67. **Keys of Premises.** How many keys to the premises have you got?
68. **Roof in good order?** A leaking roof can damage stock.
69. **Water Systems.** Are the sewerage and water systems clear? A blockage in the sewerage system could cost £50 to have cleared by a plumber.
70. **Garage.** Is there a garage to the premises? If not, where can your car be garaged?



The new softly feminine package of Kotex sanitary napkins*

WITH AN ANYTHING-BUT-SOFT SALES IMPACT!

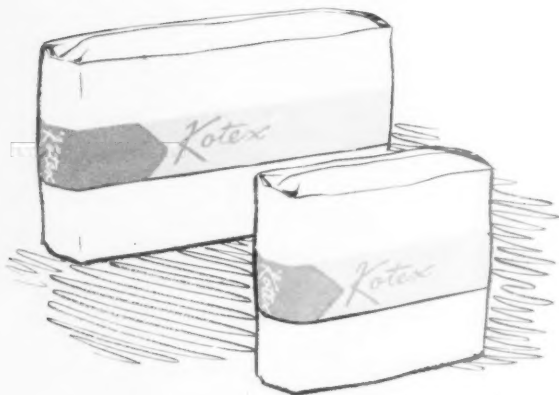
*Registered Trade Mark

The Australasian JOURNAL OF PHARMACY, May 30, 1957 iii



New packages for better displays . . .

AND BIGGER SALES FOR YOU!



These days pharmacies are among the most attractive shops a woman can enter with those handsome bottles and jars and packages, in the pretty modern fittings.

That's one reason for the new change of dress on Kotex* sanitary napkins. We'll look better on your handsomely stocked shelves.

But we'll be quicker off them, too. Catch a woman's eye, and you're half way to catching her fancy. Appeal to her love of pretty things and you're home on an easy winner. Especially when her good sense is telling her that this new feminine box still contains Kotex — the sanitary napkin she knows and trusts. You'll find three boxes and 45 bags in every case of Kotex 12's.

Kotex 12's in box or bag, 2/11. Kotex 24's, 5/9.

*Registered Trade Mark

Kotex So soft, so safe,
so very personally yours

five styles...
which one will be in your future

five Aces -
lead any one for comfort!

Kotex belts
Wear them with Kotex
Sanitary Napkins

Kotex be
WEAR THEM WITH KOTEX! SAN

Are you in the know?

1957

**So soft...
So safe...**

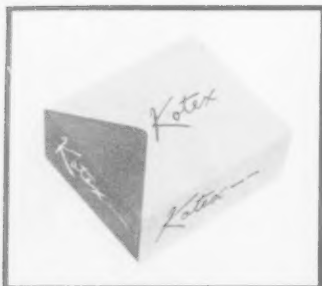
**The new softly feminine colour advertising for Kotex*
sanitary napkins in the biggest campaign ever seen
in Australia for this type of personal product!**

**BIG COLOUR PAGES AND MORE MONO-
GRAVURE THAN EVER.** What more natural than
to choose women's magazines to tell women about
Kotex. What better magazines to choose than "The
Australian Women's Weekly" — it sells 850,000
copies every week — and "Woman's Day" that

reaches at least 420,000 homes.

These two magazines will carry an advertise-
ment every week. This line-up will reach eight out
of ten of your customers. And they will recognise
the new pink-and-grey box on sight. Just put it where
they can serve themselves and watch sales mount.

*Registered Trade Mark



This is how the new packages of Kotex sanitary napkins will look on your counter and in your Kotex display stand. Eye catching? Sales making, too! Women prefer to help themselves.*



This belt dispenser stands on your counter. Five styles of belts are displayed each in a choice of pink or white elastic. Belts are a big profit item. Need only reminders to sell well.



Twice the sales means more than twice the profit!

When you sell more Kotex you profit two ways. First you get the straight-out markup on the Kotex.

Second — and more important — faster turnover means you can order in larger quantities — and the larger the quantity ordered, the lower the unit price, and the higher the profit to you.

FOR EXAMPLE—An order for 2 cases Kotex 12's, 2 cases 2/- Kleenex and 1 case 1/6 Kleenex would be charged at the 5-case price for each item — an extra 2d. per packet profit on the Kotex, and extra profit on the Kleenex, too!

	1 case	5 cases	10 cases	25 cases
KOTEX 12's	29/-	27/-	26/3	25/2
KOTEX 24's	57/3	53/3	51/9	49/9
KLEENEX 1/6	12/4	12/-	11/6	11/2
KLEENEX 2/-	16/5	16/-	15/4	14/11
KLEENEX 3/9	30/9	30/-	28/9	28/-

Kleenex 3/9 size is back — adding to the sizes that you will want to swell your order — and increasing your profits

KIMBERLY-CLARK OF AUST. PTY. LTD. P.O. Box 42. Phone JB1223. LANE COVE, N.S.W.

Box 4080, G.P.O. Phone MU6392. MELBOURNE Box 117, P.O., Broadway. Phone L1249. BRISBANE

*Registered Trade Marks

Back Again in time for THE SNEEZIN' SEASON



THE FAMILY SIZE PACK OF KLEENEX^{*} TISSUES

The 3/9 box of Kleenex was a big seller before import restrictions forced us to discontinue making it. We figured it was better to try and keep your customers happy by supplying as many as possible with the 2/- size, even though many regular customers preferred the 3/9 box. Our supply of raw materials has now improved. Maybe we won't have quite enough Kleenex Tissues for the ever-increasing demand, but at least we have enough to reinstate the

popular 3/9 size in time for winter demand. Many of your customers want the 3/9 size because it gives them loads of Kleenex in the kitchen, in the bedroom, and to cope with the heaviest cold, without the bother of remembering to buy a new pack.

You want the 3/9 pack because each sale at a higher price means more profit. Besides—regular Kleenex users buy this size—and the more they have, the more they use—and the more they buy!



^{*} Registered Trade Mark.

Set up a "Sneezin' Season Bar" for bigger winter sales

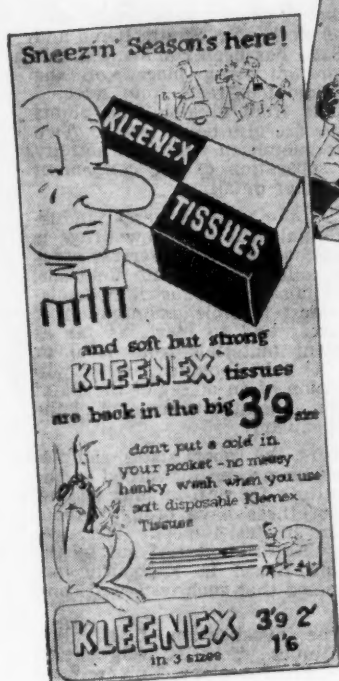


Build a window display — a serve-yourself floor display. Kleenex boxes stack solidly — they're a terrific attention getter. A counter display is ideal, too, especially if it's located where customers can serve themselves so you can cash in on the impulse sales value of Kleenex.

* Registered trade mark

Tests have shown that related displays of cold remedies and Kleenex* Tissues result in increased sales of all items. And the bigger the display, the bigger the sales — as you've proved for yourself in the past. Your Kimberly-Clark salesman will be glad to help you plan a "Sneezin' Season Bar" display if you would like his assistance.





Big ads all year round plus special seasonal promotions, starting off with the winter "Sneezin' Season"



The big "Sneezin' Season" winter promotion is now under way. Heavy advertising in Australia's women's magazines, city daily newspapers, and a heavy schedule of radio spots plus

television will all be reminding your customers to stock up with Kleenex* Tissues. Tie-in store displays—take advantage of the impact of this strong schedule of persuasive advertising.

REMEMBER! 3 sizes of KLEENEX!

Retails at **3'9 2'- 1'6**

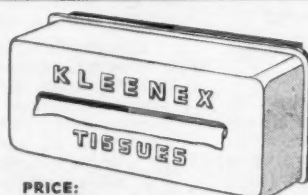
New Allied Line

The Kleenex* Wall Dispenser

Here's a handy, profitable line that takes little space and goes on working for you once the customer gets it home. It's a plastic dispenser that can be screwed to wall, cupboard or door, and holds the 2/- size Kleenex, ready for use.

It comes in black, green, pink, blue, cream and white, complete with screws and cellophane wrapped. 5/11 retail.

* Registered Trade Mark



PRICE:
Dozen lots and over, 4/- each. Less than dozen lots, 4/6 each. No sales tax. Choose your own assortment of colours.

Include Kleenex Dispensers with your next order for Kleenex, Kotex* Sanitary Napkins and Kotex Belts.

AT YOUR SERVICE!

If you would like your Kimberly-Clark sales representative to show you our "Sneezin Season Bar" display material and to help you arrange it in the type of displays which have proven to be so outstanding in selling more Kleenex Tissues and related cold remedies, etc., please write or 'phone us.

**Kimberly-Clark of Australia
PTY. LTD.**

P.O. Box 42, LANE COVE, N.S.W. JB1223
MELBOURNE: Box 4080, G.P.O., MU6392
BRISBANE: Box 117, P.O. Broadway, L1249

Publications Received

The British and Overseas Pharmacists' Year Book, 1957.

British and Colonial Druggist, Bishopsgate, London, E.C.2. Price 5/- (sterling), pps. lii + 144.

Although a considerable proportion of this annual publication is concerned with the practice of pharmacy in Great Britain, it contains many items of general pharmaceutical interest.

Not the least of these is "Pharmaceutical Practice in Different Countries," which devotes some eight pages to the conditions under which pharmacy is conducted in the countries of the world. Twenty-six countries are covered in this summary, and details of the Schools of Pharmacy in 44 countries are given. This is a very useful addition to the Year Book.

A further item, while possibly not of universal interest, may be of interest in some Australian States. This is an interpretation of the "Restrictive Trade Practices Act," which became law in Great Britain last year. The manner in which the relevant clauses affect the pharmacist are dealt with, emphasis being laid on its effect on the P.A.T.A. and resale price maintenance.

Some other features of general interest to pharmacists are notes on penicillin and brief comments on 20 or more of the rapidly growing number of antibiotics, including Helenine, Trichomycin, Magnamycin, etc.

A brief but very practical precis of the main considerations in the Formulation of Topical Products outlines the points to be borne in mind when formulating skin ointments, lotions, eye-drops, nasal drops and sprays.

The "Investigation of Tablets by Spot Reactions," by Peter Cooper, F.P.S., which appeared (so far as the reviewer recalls) in the 1956 Year Book, appears again in the 1957 publication, evidence of the hospital pharmacists' need for such a reference. It is pointed out that the reagents have, as a result of experience, been modified, and that tables in the 1956 Year Book are no longer valid for the modified reagents.

A veterinary section which includes a veterinary posological table is a further item of general pharmaceutical interest.

The British and Overseas Pharmacists' Year Book covers the scene in U.K. pharmacy very comprehensively, and would hold considerable interest for any pharmacist proposing to visit England.—F.H.B.

C.S. AND I.R.O. EIGHTH ANNUAL REPORT

(Year 1955-56). P. 179. Commonwealth Government Printer, Canberra. Price 10/6.

In common with previous annual reports of the C.S. and I.R.O., the 1956 survey deals with problems affecting almost every industry in the Commonwealth. The report embraces scientific investigations concerning a number of subjects which, either directly or indirectly, are associated with pharmacy. Some notes on the more important of these are given below.

Plant Alkaloids

The negotiations with certain pharmaceutical firms aimed at placing the systematic pharmacological screening of Australian and New Guinea plants on a sound collaborative basis were reported in the 1955 survey,

and these negotiations have reached a satisfactory conclusion. A programme of work with Smith, Kline and French Laboratories (U.S.A.) has been commenced. Although emphasis is at present being placed on the examination of total alkaloidal extracts from selected families of plants, extracts from alkaloid-free plants of reputed medicinal value are also being tested. Two of the first three extracts submitted exhibited activity which warrants further separation of the component alkaloids for testing in greater detail.

The renewed interest of the pharmaceutical industry in plants as the potential source of new drugs is reflected in the number of requests from overseas organisations for help in the collection of plant materials. As it is the policy of the Division of Industrial Chemistry to "encourage the widest possible examination of Australia's natural resources and to meet, as far as possible, requests for plant materials from local or overseas organisations," a field botanist, who will operate under the supervision of an officer of the Plant Industry Division, has been appointed to the staff of the Division of Industrial Chemistry.

During the past few years, the report states, samples of many Australian plants have been forwarded to the U.S. National Cancer Institute for anti-tumour testing, and extracts of several of these have brought about some degree of regression in test-tumors. Arrangements for this type of testing to be carried out by the Victorian Cancer Institute Board in Melbourne are under way, and it is expected that such tests will commence shortly.

Alstonia Constricta.—The investigation of the alkaloids of "fever-bark" continues. Toxicity tests carried out in the Department of Pharmacology, University of Melbourne, have shown the acute toxicity to be low; chronic toxicity tests and the evaluation of the tranquillising effect are in progress. Various other species of *Alstonia* have been examined, but only *A. constricta* contains reserpine or "other bases giving non-volatile acids on hydrolysis."

Studies, which began in 1955, on the alkaloids of the apocynaceous species, *Kopsia longiflora*, have continued during the year under review, and the application of radio-isotope tracer technique has been helpful in structural studies of the vesicant alkaloid cryptopleurine.

Derivatives of Wool Wax, Etc.

With the completion of the work done last year on the fractionation of wool wax and the aliphatic alcohols of wool wax, work has been commenced on the preparation of various esters from wool wax acids. This is being done with a view to their possible application as plasticisers in industry.

Greasy wools have also been surveyed to determine the amount of potash present. The average content of potassium is 1.5% of the clip. So far no economical method of recovering this has been devised, but as 1.5% of the wool clip represents 8000 tons of potash annually it is very well worth the fullest investigation.

Investigation of the lanosterol of wool wax is being continued. A progesterone analogue has been prepared, and has been shown to have progesterone-like activity. The report says that this "is unique for a compound having a saturated ring system, and it may be that a new type of hormone structure has been found." In an attempt to verify this a similar analogue of one of the adrenal cortical hormones is being prepared.

Work has also continued on the potential seed-oil resources and oil-crops, on studies of the relative effectiveness of anthelmintics and on insecticide investigations.

The report gives details of the services available through the C.S. and I.R.O., its publications, the activities of the film unit and notes on overseas liaison.—F.H.B.

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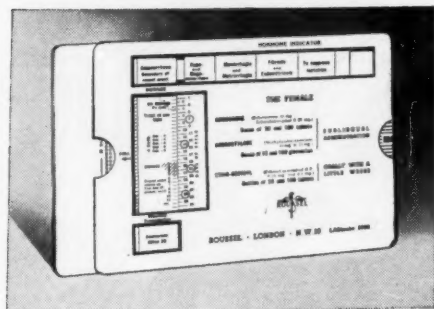
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Overseas News

GREAT BRITAIN

London, May 10, 1957.

Doctors Remain in Service

The representatives of the British Medical Association have decided after a conference of 350 doctors from all over Britain that the decision to withdraw from the service should be deferred. In addition no date has been suggested when withdrawal should be discussed again. During the past few weeks there has been a great deal of discussion and also exchanges of letters between the doctors' representatives on the one hand the Prime Minister, the Minister of Health and the Chairman of the Royal Commission on the other hand. It has been made abundantly clear that the profession will be given a full and fair hearing by the Commission, and everything that has happened since the Service began and the conditions in which the doctors entered it will be reviewed. The B.M.A. committees for general medical services and for consultants are now willing to give evidence before the Commission and it has been agreed that neither side will be bound by the decisions of the Commission. The Ministry has agreed meanwhile on a 5 per cent. rise in salaries.

British Hospitals Lag Behind

In earlier News Letters comments have been made on the relatively small sums spent annually on capital works for hospitals. During the first few years of the service from £8 to £10 million were allocated for this purpose, and after the Guillebaud report was published, which also emphasised this unsatisfactory feature, the sum was raised to around £17 million. At the annual conference of the Institute of Hospital Administrators, Sir Henry Platt, now President of the Royal College of Surgeons, said that the medical profession was attempting to practise twentieth century medicine in nineteenth century structures. He believed that if the people wanted the best hospital services they must pay more for them, either directly through their own pockets or through voluntary insurance. Unless the present system of financing hospitals was changed the country's building programme would not compare with those of the rest of Europe and North America.

Since the war, in Scandinavia, Switzerland, and France new hospitals had grown up like mushrooms. They had been financed by traditional methods, but with the emphasis on city and local loans. In the United States hospital construction was one of the major industries, with old buildings being ruthlessly demolished to make way for new ones. In Canada there was a similar rush of activity.

After emphasising that the life-blood of medical science was experimentation and that the freedom to experiment and expand, if need be, demanded a considerable measure of independence from central finance and control, Sir Harry Platt said he thought it was likely that the present revolt within the ranks of the medical profession might influence public opinion in the right direction—towards a complete review of the present method of administration and financing of the hospital service.

One of the lighter aspects of the service has been a complaint by surgeons that they are being charged for cups of tea and biscuits they consume while attending hospitals. They claim that it has been a traditional

practice for these to be supplied free. It is understood that these charges are being made in a number of hospitals as the hospital administrators are being goaded by the Ministry auditors to have these payments made.

Personal Service in The National Health Service

Sir Hugh Linstead, O.B.E., LL.D., F.P.S., M.P., a Secretary of the Pharmaceutical Society, recently delivered the annual Sydney Body Lecture at Southend-on-Sea. These lectures were endowed by Mr. S. F. Body, M.P.S., who is the managing director of a group of pharmacies in Essex, and who recently celebrated his jubilee as a pharmacist. Sir Hugh took as his subject, "Personal Relations in the National Health Service." He directed his attention to the roles of the voluntary worker, the general practitioner and the hospital officer. There were what Sir Hugh described as "statutory volunteers," who made up ninety per cent. of the members of Regional Boards, Hospital Management Committees and House Committees. The members of its Executive Councils also fell into this group, but there were also voluntary volunteers and these were rebuilding some of the worthwhile things which had been destroyed when the Act transferred all hospitals to the State. The new hospital service brought many improvements in its train, but, in the process, not a little that was good and valuable in the way of voluntary effort was certainly "bulldozed" away. He believed that it might have been possible not to have gone so far so fast. In that way it would have been possible to have retained some of the most worthwhile features of the older service in the field of voluntary effort—features which were now being painfully re-created.

Professional Freedom

The real dissatisfaction of general practitioners, Sir Hugh thought, was not primarily with their financial reward, nor with the demands made on them by their patients. It arose from the fact that they were all now caught up in a statutory service and that three or four major professional freedoms that were at one time theirs were now denied them. For example, until 1948 a doctor had been free to put up his plate where he liked and build up or fail to build up a practice there, according to his energy, zeal and ability. When the time came to curtail his activities he could hope to move to some pleasant area and to content himself with a limited practice. That was virtually now denied him. Entry into consultant practice was hedged about with similar obstacles. Another problem was created by the method of payment by capitation fee. Its effect was to bring the general practitioner to his maximum early in his professional life, so that his earnings at 55 might be what they were when he was 35, unless higher fees had been negotiated in the meantime.

One would like to feel, Sir Hugh concluded, that those responsible for the administration of the hospitals—volunteers or paid officers, laymen, doctors or nurses—each felt that they had a personal responsibility for finding answers to those questions which would result in the maximum of care and comfort for each patient and of thought for his family. To put that emphasis upon human relations in the hospital—as throughout the Health Service—was not to decry good organisation. The supreme evidence of the efficiency of the machine was that it transcended efficiency and became human. That was the ultimate test of the good administrator—that he could breathe into the machine he had created the breath of humanity.

Study of Virus Diseases

The Scottish Hospital Endowments Research Trust, a body which administers the endowment money formerly held by the voluntary hospitals, has made a grant of £225,000 to Glasgow University to set up a

Department of Virology. A professor will be appointed to what will be the first Chair of Virology in Britain, but about 15 months will be required to prepare plans for the institute, and a further two years will be occupied in building. The Medical Research Council has agreed that when the building is ready for use and staff appointed, a research unit would be attached to the institute. The only work on fundamental research into viruses at present being carried out in Britain is at the National Institute for Medical Research at Mill Hill, a London suburb, although there are a number of laboratories which undertake routine work on viruses in different parts of the country.

Professor J. W. Howie, of the Chair of Bacteriology at Glasgow, has said they were certain the new set-up would be at least equal to "anything in existence anywhere else. We expect that instead of Scotsmen going out of the country to carry on work abroad, we will have people coming into Glasgow from overseas to take it up here. We are hoping to establish a centre that will attract researchers from all parts of the world."

Great successes had been achieved, but with influenza a great deal of difficulty had been experienced. Much more research was also required on measles. The common cold represented a highly specialised venture, and Professor Howie could not say whether the new Institute would be concerned with it or not. One probable line of study at Glasgow would be connected with latent infections, i.e., those which might be carried by a person without his suffering any harm.

Film Successes

The annual report of the Council of the Pharmaceutical Society shows that the Films Committee has had a very successful year, and the Committee was asked for assistance in obtaining a programme of films for the annual meeting of the Pharmacy Section of the Australasia and New Zealand Association for the Advancement of Science. As a result various films were offered to the organisers, and through the offices of the British Council copies of the films on elementary bacteriology were made available for showing to teachers in schools of pharmacy attending this conference.

In Britain the demand for the film "Aseptic Transfer," sponsored by A. de St. Dalmaz Ltd., and for the four films on elementary bacteriology, sponsored by Oxo Ltd., has also been noteworthy. The films were made at the suggestion of the Committee to supplement and illustrate the teaching of elementary bacteriology in schools of pharmacy. The considerable interest which these films have for medical schools, university departments teaching bacteriology, agricultural and dairying colleges, the Armed Forces, branches of the Institute of Medical Laboratory Technicians and manufacturing companies with bacteriological control laboratories was not at first recognised, but during the year copies of them have been issued on 274 different occasions, apart from their issue to schools of pharmacy. Copies were also sent to the British Council and the Central Office of Information, with the result that permission was sought and granted for copies to be made by those bodies and placed in film libraries in India, Australia, Japan and the United States of America.

The Value of Retail Pharmacies in Britain

In an editorial note in the "Pharmaceutical Journal" of May 4, the present value of retail pharmacies in Great Britain and the factors involved are considered:

"In the immediate post-war years there was a very sound market for the sale of pharmacies. There were few for sale and the prices obtainable were very much above the pre-war average. Pharmacies in 1945 were fetching two or even three years' net profit for the good-

will, plus the valuation of the stock and fixtures. This position obtained for about five years or so, when a decline set in that has continued. There is now an abundance of pharmacies for sale all over the country, and very few cash buyers, resulting in a marked deterioration in prices. At the present time it is difficult to obtain more than one year's net profit for the goodwill of a pharmacy, and in many instances much less is received. Net profit is determined by the difference between the gross profit and the overhead expenses of a business, excluding any salary for the proprietor or manager.

According to a leading firm of business transfer agents, the reason for the fall in the market is due to two main factors: (a) the general shortage of capital; and (b) pharmacists' ability to earn £1000 to £1250 a year in managerial capacities. As a pharmacist can earn such a salary without investing any capital, he is not materially poorer than he would be if he owned his own business. As an owner of a business he would be paying additional income tax, very often disproportionate to his increased earnings. He would be shouldering added responsibility and face the need to carry heavy stocks and to pay high rents and rates and the cost of repairs, etc.

Another important factor that militates against high valuations of pharmacies is the shortage of pharmacists available to manage them. At one time there was a ready market for substantial businesses to be conducted under management by large and small multiple firms, apart from individual chemists' branch requirements. Pharmacists for managerial posts are now in short supply, and, coupled with this, shortage of other labour has prevented the expansion of firms with more than one branch. As a consequence, these buyers have almost disappeared from the market. At the present time it appears that the goodwill values are more likely to deteriorate in the future than to improve, and the trend is in that direction.

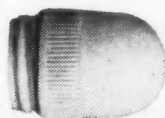
However, it is still possible to sell pharmacies for cash in some instances, state the agents, by the adoption of the following methods: (a) Part-payments over a long period, preferably direct from the vendor to purchaser in order to avoid the heavy cost of borrowing from outside sources; (b) selling to existing staff on a part-payment basis with perhaps only a very small initial instalment; (c) giving the manager an interest in the business and allowing him to acquire the remainder out of the profits earned; and (d) securing a manager, paying him an attractive salary and commission, etc., on contract, then disposing of the business to a multiple organisation. This last mentioned course only applies to a very extensive business capable of carrying heavy overheads and where the manager is content to remain in his present position.

To sum up, the agents are of the opinion that there can be no rigid yardstick for valuing a pharmacy, the amenities offered varying so considerably and consequently having their effect on the saleability and price of the business. However, taking the present position by and large, it is difficult in their view to sell a good and substantial business for much more than one year's net profit in respect of the goodwill. The market may improve when National Service ends and there are more pharmacists available for posts and businesses. In the meantime pharmacists desirous of retiring are advised by the agents to consider selling on a part-payment basis."

Deterioration of Penicillin

Penicillin lozenges are known to deteriorate rapidly when the container is opened, and to ensure that there is a reasonable chance of the proper dose being present one firm, at least, now appears to be manufacturing lozenges containing double the quantity required by the

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Pharmacopoeia. In a dispensing test case heard by the Middlesex Executive Council it was stated that lozenges which should have a strength of 1000 International Units each, with a minimum of 855 units, were found in fact to contain 1978 units. The manufacturers said that this was a deliberate addition to compensate for the high rate of deterioration, it had been frequently reported that lozenges lost 50 per cent. of their strength within six to twelve months of manufacture. Foil-wrapped rolls of ten did not store well once the heat-sealed plastic bag of 25 rolls had been opened. As the Pharmacopoeia does not stipulate a maximum the Council have sent the facts to the Ministry for comment.

Shop Hours Bill

The Shop Hours Bill, which is on its way through Parliament, has raised quite a controversy. One of its aims is to increase slightly the hours during which shops of all descriptions may be opened, while another is to give greater compensation for employees who work on Sundays. Pharmacist-employees at present are allowed to work one Sunday in two, if required by rota schemes under the National Health Service, provided they do not work on one day in the preceding or succeeding weeks either before 10.30 a.m. or after 6 p.m. As 6 p.m. is the normal closing hour it has been easy to observe this provision of the existing Act, but the present Bill seeks to change the regulation to 5 p.m., and consequently if an employee-pharmacist left the premises at 5 p.m. it would become necessary to close the shop—provided always there was no other pharmacist on the premises. This provision is being opposed by the Pharmaceutical Society and the National Pharmaceutical Union, but on the question of a later closing hour generally there is strong cleavage. In the House of Lords it has been questioned whether unrestricted shop hours would mean higher prices, a statement attributed to Mr. Walter Padley, M.P., who is President of the Union of Shop, Distributive and Allied Workers. In a letter to the "Times," Mr. Padley points out that in a number of European countries and in Australia and New Zealand, the closing hours vary from 5.30 p.m. to 7 p.m., and that the "freedom to enjoy unrestricted shopping hours" is confined largely to the Fascist, militarist and Communist countries, apart from North America. In North America longer shopping hours have meant higher prices to the consumer, and in the food trades additional costs have swallowed up all the economies resulting from self-service and super-markets. Labour costs in the shape of additional staff, overtime and "awkward time" payments have been a big factor in the rise in overheads. The union mentioned above has come down strongly in favour of an evening closing hour of 6 o'clock and a half-day beginning at noon. The "Times" newspaper, in an editorial, seems in favour of unrestricted shopping hours, and argues that shop workers' hours should not be linked up with an Act which is concerned with the closing of shops. It also wants the choice of business hours left to commerce—those which are "both profitable for trade and convenient to their customers."

The Bill is still in the House of Lords, and the most recent amendment is to take away from local authorities the right to fix a closing hour earlier than that in the Bill. Also it is proposed to remove the necessity for having an early closing day on the week preceding bank holidays and to postpone the employee's right to a half-day in that week. This amendment may be bitterly opposed by the trade unions when the Bill reaches the House of Commons.

Cortisone and Aspirin

In the first two comparative trials by the Medical Research Council and the Nuffield Foundation on the relative values of aspirin and cortisone in the treatment of early rheumatoid arthritis it was found that there was

remarkably little difference in their effects. A third report bringing the results up to date has been published in the "British Medical Journal," and the previous view has been confirmed. Indeed, during the first four years medication with aspirin is more likely to prove satisfactory although some patients felt they derived more relief from cortisone. Whether the patients were originally given aspirin or cortisone therapy appears to have been immaterial to the result. Serious complications were infrequent in the series, but were encountered only with patients on cortisone therapy. With the passage of time both patients and physicians have in some cases come to prefer aspirin to cortisone therapy.

SOUTH AFRICA

The Annual General Meeting

The twelfth annual general meeting of the Council of the Pharmaceutical Society of South Africa, held this year in Cape Town, is over. These A.G.M.'s seem to come and go with great rapidity, and indicate that your reporter is approaching the "sere and yellow."

The meeting was opened by the Minister of Health, who is also the Minister of Education.

In his address the Minister dealt with many things, in particular with the Bill to amend the Medical, Dental and Pharmacy Act. He is still of the opinion that the medical and pharmaceutical professions should co-operate in ironing out the difficulties existing between the two professions. A special committee has been set up for this purpose, but it has as one of its platforms that the doctors cling to their right to dispense medicines.

Under such circumstances I cannot see any possibility of making progress, and in my opinion other ways will have to be sought.

The Minister also dealt with that section of the Act which requires a corporate body acting as a pharmacist to appoint a managing director who is a pharmacist. Apparently this proviso is acting as a deterrent to overseas companies who wish to operate in South Africa, and who are not particularly keen on handing over control to a pharmacist.

It would seem that many of these firms are under a grave misapprehension. It is never necessary to hand over complete control of policy and finance to the managing director. He exists in order that a pharmacist may be responsible to the Board for the behaviour of the company, with particular reference to the duties under the M.D. and P. Act. In any case there is a proviso which gives the Minister power to waive this requirement in the case of companies.

There was some expectation that the Amending Bill might come before the House whilst the A.G.M. was in session in Cape Town, but the House was prorogued quietly, with a bevy of pharmacists' wives watching the proceedings.

The election of officers, which usually ends the A.G.M., went off without any surprises or any new officers being elected—the same President, Vice-President and Executive Committee were elected. A new Secretary was appointed, and not being a pharmacist it will be some time before he falls into the swing of things or becomes possessed of that omniscience which pharmacists seem to demand of their officers.

The agenda for the A.G.M. was short, but, as long experience shows, short agenda, long sittings.

The fullest debate was naturally accorded to the efforts to get the amending Bill through the House, without having it hacked about. It became clear that concerted and expensive efforts are going to be necessary in the near future, and members submitted quietly to their annual dues being doubled. It became equally clear that the Society misses the representation that it had in the House in past years, and that it will become necessary to seek friends in the House in the near future, or even to put one of the members in a seat.

Unfortunately few pharmacists seem to play any part in national politics these days, and it will become necessary to infuse the required spirit into one of the younger members of the Society.

The A.G.M., was characterised by the large number of younger Councillors, many of them the sons of fathers with names famous in the world of pharmacy.

Some of the resolutions considered were hardy annuals, others new. One referred to the possible distinction which the public were going to make between the new graduates in pharmacy and the holders of the diploma. There is an ethical rule which says that a pharmacist may not hold himself out as being better qualified than another, although some quite obviously are. The movers of this resolution desired that in some way the public should be informed that the holder of the Dip.Pharm and the B.Sc. in Pharmacy were alike. It is, however, news to me that the public ever bother about qualifications; in the main they don't know the difference, and are quite likely to assume that the Dip.Pharm., having more letters behind his name, is the better man.

Degree Courses in Pharmacy

Two Universities are now offering degree courses, one having an honours course. Later it is clear that we shall get pharmacists holding M.Sc.'s and even Ph.D.'s. Presumably all pharmacists will then assume uniform status under the title of "Doctor."

It seems that eventually all pharmacy students will gravitate towards the Universities, not because the tuition is any better but because the University offers sport and social life, which the Technical Colleges do not. The fact that the Universities are residential attracts the parents, who know that their sons and daughters will be housed and fed and watched over and preserved from the temptations and distractions of the big cities.

South African Foundation for Pharmaceutical Education

Last year a South African Foundation for Pharmaceutical Education was established, and one manufacturing house has come forward with the offer of scholarships worth £200 per annum. But that is as far as the project has developed. The industry, through the Pharmaceutical Trades Council, has acknowledged that in principle the need for the Foundation exists, but that is as far as the matter has gone. When one reads of the munificence of Australian drug houses towards their pharmacy students and their Schools of Pharmacy, it is not possible to understand why other countries do not leap to the task of sponsoring the future of pharmacy on a comparable scale. If the Pharmaceutical Trades Council should ever think of having a coat of arms with a motto, I would suggest for the latter, "Cast thy bread upon the waters."

Pharmacy Amendment Act Passed

Considerable perturbation was expressed by the meeting at the Government's neglect in gazetting the new Sixth Schedule of Prescription Only Drugs. They

were told that it was purely an administrative delay, difficulties in printing and in translating, etc., etc. But as I write I am informed that not only has the Pharmacy Amendment Bill been passed but it has been assented to by the Governor-General and printed and published!

The passage of this Bill through the House was so rapid that there was no possibility of any organised action on behalf of the Society, and needless to say the Society has not got any of the amendments it so ardently wished for. The doctors may still use their "inherent right" to dispense, poisons may still be sold through numerous channels, and anyone may organise a corporate body to act as a pharmacist, provided it hires a managing director to act as whipping boy as far as the Pharmacy Board is concerned. All he needs to qualify as managing director is one share, which he need not even hold.

The news cannot reach the majority of the pharmaceutical profession for some time, but there is bound to be much bitterness and heartache when the truth becomes known, the truth being that for several years' work they have achieved nothing. It appears that pharmacy must accustom itself to the fact that it is not a power in the land, has no political value and is not appreciated by the Government—except when they want something.

There was a former occasion when the Government wished to force a Patent Medicine Tax on the people; at that time a pharmacist fought a by-election on the issue, won, and the Government of the day fell. Strangely enough, there are at least two by-elections pending; is there a South African pharmacist willing to enter the arena and fight for the cause? I wonder.

Of the other resolutions debated, most concerned the chemists' day-to-day problems, some major and some minor.

Methylated Spirit

One dealt with the prescribing of methylated spirit. The possession of this is on the whole restricted to "Europeans," although the different provinces have different laws. But it would appear that it is impossible for a non-European doctor to prescribe it for a non-European patient, and it is an essential medicament for the diabetic and the bedridden.

Whether there will be any derestriction I cannot say, but there is a new Liquor Act before the House, and it is possible that it may be amended to permit this. However, it is closely bound up with liquor, and it would seem the best idea to create some formula containing alcohol, which would render it undrinkable, but still usable as a fuel.

Alcohol in Medicines

Many pharmacists have been seriously disturbed by police investigation into the sale of medicines which contain a fair amount of alcohol. Sweet Spirits of Nitre is a common household remedy in South Africa, but it seems that many people are aware of its possibilities as a beverage when mixed with soft drinks and such little additions as aspirin. Denaturing of these alcoholic medicines is of course impossible, and it is doubtful whether restriction of their sale will help. It is only necessary to cast the mind back to America in the days of prohibition to learn just how difficult this task is. It seems more of a task for the Department of Social Welfare and for continued education than for any attempt to reduce the sale of alcohol.

After-hours Trading

Pharmacists have been considerably perturbed by the action of many of their colleagues, especially in



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ADULTS: 15 drops or 1 tablet twice daily.
CHILDREN 3-14 years: According to the age of the child, 5-10 drops or 1/2 tablet twice daily.
INFANTS AND YOUNG CHILDREN: According to the age of the child, 2-5 drops twice daily.

PACKINGS:

Drops: In dropper bottles of 15 c.c.
Hospital packings of 100 c.c.
Tablets: Tubes of 20; Bottles of 100.
Hospital packings of 250 tablets.

Manufactured in Australia for
FARBWERKE HOECHST AG.
WESTERN GERMANY
by the Sole Australian Distributors
FAWNS & McALLAN Pty. Ltd.
CROYDON, VICTORIA

Branches at:
Melbourne, Sydney, Brisbane, Adelaide, Perth, Launceston

Successful retailers tell us: "only fast-sellers belong on the counter"



NOW YOUR BEST-SELLING IMPULSE LINES CAN GO IN ONE COUNTER SALES UNIT

Don't sacrifice profits by putting slow-selling stock on your counter. That space belongs to your fastest-moving, most profitable lines.

Retailers throughout Australia have found "sell 'em quick and sell 'em often" the policy that leads to profits. That means attractively packed, nationally advertised impulse lines are your best counter sales bet—and confectionery and chewing gum head the list! A recent survey of shopping habits conducted in America by Dupont shows that 94.5% of chewing gum sales are impulse buys. Hundreds of successful retailers have turned this fact to their advantage by putting Wrigley's Counter Sales Unit in the busiest position in their store.

Now Wrigley's Counter Sales Unit makes your fast-moving, self-selling lines do the most for you—not only gum but your other profitable, fast-selling lines grouped together in one compact display.

H.46

the big cities, who keep their businesses open after normal trading hours. The chemists in South Africa are permitted, as in every other country, to provide goods described as "urgent necessities" after the usual hours of business. It is alleged that in many cases it has become a substantial part of the business of certain chemists, and there is more than a suspicion that goods other than urgent medical supplies are sold. Constant visits by inspectors would do much to control this state of affairs, but there are not enough of them to go around.

Many pharmacists trade under designations such as "Day-Night Pharmacy" or similar appellations, which clearly indicate that they are constantly in attendance. However, if they keep their doors closed and open them for individual customers they are within the letter of the law. Since every big town has its official emergency dispensary, it is hardly necessary for the individual to keep open after hours, and I would have thought they valued their leisure too highly to dissipate it in this way.

The Pharmacy Board have been asked to make it an ethical offence to keep a pharmacy open in anticipation of an emergency arising, and also to take stronger action under the ethical rules against those pharmacists who are convicted under the Shop Hours Ordinances.

Failing some signal change in the situation, it seems likely that within a very short time pharmacists will have to return to the bad old days, when every pharmacy was open until nine o'clock or even later.

I wonder if it would not be a good idea to introduce into the course of studies a series of lectures on ethics, a form of indoctrination which in the course of years might have some effect upon the pharmacists of tomorrow?

It certainly seems strange to me that a profession such as pharmacy, whose rights and privileges are attacked from every side, cannot get together and form an association as closely knit together as the Medical Association.

Regional Conferences Suggested

One of the resolutions discussed at the A.G.M. suggested that regional conferences of branches of the Society be held, presumably to enable strictly local problems to be discussed and settled before the main conference.

It might perhaps be better if the Society declared a moratorium on conferences for a while, and devoted all their energies and their finance to the attainment of the objects. These objects are threefold, viz., the restriction of dispensing to pharmacists, the restriction of the sale of poisons to pharmacists and the majority control of pharmacies being in the hands of chemists.

Post-graduate Education

Amongst other decisions taken was that to proceed with the furtherance of post-graduate education for pharmacists. The first course to be offered is one leading to a diploma to be called Diploma in Clinical Chemistry. It is designed to enable the chemists of the country to perform many useful biochemical analyses for the doctors of the country. In a country as large as South Africa it is not always possible for a doctor to get into immediate contact with a hospital or pathologist, and in such circumstances a chemist could, with the training envisaged, be of great use.

It is hoped later on to establish a diploma in bacteriology, and perhaps one in pharmacology.

These diplomas, in conjunction with the degrees of M.Sc. and Ph.D., which will be open to the new graduates in pharmacy, will render South African pharmacy self-sufficient and no longer dependent upon the importation of technical personnel.

Trade Notes

BURROUGHS WELLCOME & CO. (AUSTRALIA) LTD.

Mr. Robert L. Dodson has been appointed to the representative staff for duties in Victoria.

EVANS MEDICAL SUPPLIES LIMITED

Members of this company received notice that the Annual General Meeting would be held at Liverpool on May 20. The Annual Report is accompanied by an attractive illustrated leaflet, "Evans Medical in 1956."

Financial result for the year ended December 31, 1956, was a net profit of £119,052, which compares with a profit of £142,148 for the previous year.

Dividends paid are 6 per cent. on cumulative preference stock and a total of 6½d. per 5/- ordinary stock unit (less tax at 8/6 in the £), and an amount of £40,631 has been transferred to general reserve.

NEW BOOTS PRODUCTS

Boots Pure Drug Co. (Aust.) Pty. Ltd. announces the release of Tablets of Prednisone, Boots, as a companion line to Delta-Stab brand of Prednisolone, Boots. Prednisone is now available as follows:

5 mg. in bottles of 30	80/- per bottle
5 mg. in bottles of 100	250/- per bottle

Viules Hydrocortisab, Boots

Hydrocortisone Acetate Injection

25 mg. in 1 c.c. x 6	99/- per box
50 mg. in 2 c.c. x 6	192/- per box

The above products are available immediately from all wholesalers.

AUSTRALIAN CRICKET CAPTAIN WITH BOOTS

Mr. Ian Craig, New South Wales, has recently been appointed Captain of the Australian Cricket Team to tour South Africa this year.

Mr. Craig, who qualified in pharmacy in Sydney, has joined the pharmacy staff of Boots Pure Drug Co. Ltd., of England, and has received an appointment in the London area.

As far as it can be ascertained, this is the first time a qualified pharmacist has captained an international cricket team from any country, and for this reason retail pharmacy will no doubt follow with added keenness the fortunes of Mr. Craig and his team in South Africa.

BLEACOY FILTER SYSTEM

Mr. Geoffrey D. Wilson, general manager of H. Bleakley Photographics Pty. Ltd., announced during the month the launching of the Bleacoy Filter System.

It is claimed: The system marks an important event in Australian photography; that it is the most comprehensive system yet produced here, and is the only filter line which caters for lens mounts larger than 42

The Journal invites as information for the "Trade Notes" section personal items dealing with members of the staffs of the Drug Manufacturing and Agency Houses which advertise in the Journal. Material should be sent to "A.J.P." 18-22 St. Francis street, Melbourne. If personal illustration blocks are supplied, they should not exceed 1½ in. in width. When it is necessary to have a block made, the cost will be charged to the Company from which the item was received.

mm. diameter. There is a Bleacoy Filter for all lenses up to 54 mm. diameter.

A feature of the Bleacoy Filter System is the interchangeable components. The filter glass is sold independently of the mount, thus providing an inexpensive range of filters, all of which fit the one mount.

The selecta-colour filter wallet enables quick selection of the individual filter, and each component is protected by a neat plastic case.

THE GLAXO VOLUME—No. 15

We have received a copy of "The Glaxo Volume" (No. 15) described as "An occasional contribution to the Science and Art of Medicine."

A well-produced and illustrated booklet of 48 pages, this number contains five main sections—

1. Choice of Antibiotic.
2. Anticholinesterases.
3. Tranquillisers and Stabilisers.
4. A Century of Andrienal activity.
5. World Health.

An original painting "Among the First," was specially commissioned and executed by A. R. Thompson, R.A., as a frontispiece for the volume.

Our copy was received from the Glaxo Laboratories Ltd., Greenford, Middlesex, England.

MEARES BROS. IN NEW PREMISES

Meares Bros. Pty. Ltd., of 56 Hunter street, Sydney, recently opened a large modern office and display room at 225 Margaret street, Brisbane, and on April 1 the company expanded its Victorian activities by acquiring a showroom at 463 Swanston street, Melbourne.

The company has now acquired larger premises conveniently situated in Kornblums Building, 229 Castlereagh street, between Bathurst and Liverpool streets, for its head office and showroom in Sydney. In these premises the company will have a modern up-to-date showroom of over 1000 sq. ft. where its complete range of shop equipment can be displayed to the best advantage.

Mr. L. D. Meares, the Managing Director, states that it is the object of his company to stock the widest possible range of the most modern shop equipment in Australia. With this in view he made an overseas trip in 1953 when he made valuable contacts in America and the United Kingdom, so that Meares Bros. Pty. Ltd. is now in the happy position of receiving a constant flow of the latest information on shop equipment trends in the U.S.A. and the U.K.

Chemists are invited to visit the new showroom at 229 Castlereagh street, Sydney, at the first opportunity.

NEW SYDNEY HEADQUARTERS OF KODAK OPENED BY N.S.W. PREMIER

The Premier, Mr. Cahill, officially opened Kodak House, on the night of May 7. He said the new building could well claim to be the most modern photographic premises in this part of the world.

The new building, in George street, Sydney, houses the headquarters of Kodak (A'asia) Pty. Ltd.

Mr. Cahill said photography's greatest expansion would take place in the lesser publicised fields, such as criminology, science and in industry.

Speaking to more than 150 trade and professional leaders, Mr. Cahill recalled the founders of the photographic industry in Australia, Thomas Baker, J. J. Rouse and J. Harrington.

He said that Kodak had built well on the foundations set by these three men.

"The general public is apt to think of photography mostly in its publicised form—such as portraiture and pictorial work," he said.

"But it is in the field of medicine, science, surveying, criminology and other vital fields that photography is seeing its greatest expansion."

Mr. Cahill said that the new building would never go out of favour and would—he imagined—never be superseded.

The building has five storeys and a basement gallery, where the opening ceremony took place.

It is built almost on the spot where the original store of Baker and Rouse stood.

PRESCRIPTION PROPRIETARIES CARD SERVICE

The 20 cards issued recently for the month of May, 1957, dealt with the following products:—

C135	Crystapen—V.
C136	Cafergot Suppositories
D102	Dequaspon
D103	Dequadin Paint
E70	Evacilin Suspension
E71	Ergane
H42	Hydro-Adreson Ointment
N75	Nobecutane
O30	Oblivon—C
P191	Pavacol
P192	Precortisyl (formerly known as Prenolone)
P193	Provoprin
P194	Polymyxin B Sulfate Sterile
P195	Proladone
R40	Respenyl
R41	Romicil
S106	Sierotonico "B12" Sclavo
S107	Seominal
S108	Sulphacetamide Eye Drops (Evans)
T95	Terramycin Otic Solution

Subscription (£3/3/-) to the P.P. Card Service (including Index Book) may be lodged at any time. Renewals or new subscriptions, accompanied by cheque, should be addressed to The Manager, "The Australasian Journal of Pharmacy," 18-22 St. Francis Street, Melbourne.

We have on hand a moderate supply of the cards of 1955 and 1956 (reduced to £2/2/- for each year) for the assistance of new subscribers for 1957, who wish to give their library of reference a 12 months' start. We regret the cards of earlier years—1951, 1952, 1953 and 1954—are now out of print.

HOT-WATER BOTTLES NOW IN POLYTHENE

Modern progress has now successfully overtaken even the conventional rubber hot-water bottle—in the form of a durable, attractive bottle blow-moulded of polythene.

This new item is a development of Trigg Parfrey Pty. Ltd., of Clifton Hill, Victoria, a company which has been successfully specialising in blow-moulding for the past two years. The advantages offered by the polythene hot-water bottle over the rubber product are important enough to assure the plastic model a substantial share of the annual retail business in hot-water bottles.

Blow-moulded in one piece, the polythene bottle has no seams to open or fall apart. It is about 60 per cent. lighter than a rubber bottle and retains the heat longer. Since it is chemically inert, and cannot rot or otherwise deteriorate, each bottle has a full guarantee against perishing.

Another claim made in support of the polythene bottle over rubber is its attractive appearance and obvious consumer appeal.

Although it is moulded of polythene, a thermoplastic,



'Saridone'

TRADE MARK

ROCHE

against PAIN

PACKINGS

'Saridone' tablets are issued in packings
of 10, 50 and 250.

ROCHE PRODUCTS PTY. LTD. • 1 BARRACK STREET, SYDNEY

The Three Musketeers



Literature on
Veganin available
on request.

"All for one, one for all," a phrase written by Alexandre Dumas, was, and probably still is, the most concise and expressive description of strength by unity. In the world of science it is equally true that much has been achieved by combined rather than individual efforts.

Research has proved that drugs, whose active ingredients are combined in accordance with the synergistic theory of Burgi, produce a therapeutic effect far in excess of the potentialities of each constituent. Veganin Tablets have been developed on these lines. Thus, by virtue of their rapid rate of disintegration, minimal quantities of codeine phosphate, phenacetin and acetylsalicylic acid are released to exert maximal analgesia.

Combine Veganin Analgesic Tablets in a parcel with other Warner lines to take advantage of parcel discounts of 5 per cent. on £10 and 10 per cent. on £25 assorted Warner parcels.



Veganin

ANALGESIC-SEDATIVE-TABLETS

WILLIAM R. WARNER & CO. PTY. LTD., 508-528 RILEY STREET, SYDNEY

Telegraph: QUICKPILL, Sydney.

Telephone: MX 2355

4. A.J.P.54.V.

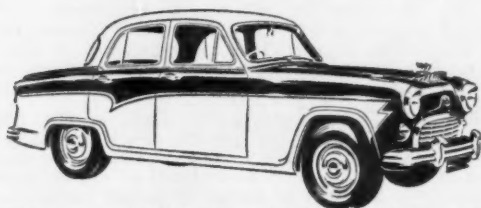
the bottle can be filled with hot water without becoming permanently distorted or warped. Mr. Trigg Parfrey was encouraged to begin the project on the basis of his success with the blow-moulded polythene baby feeding bottle, that was subjected daily to hot water.

Bottles are available in modern pastel colours of pink, green and blue, and are obtainable from regular wholesalers or the interstate agents listed in the company's announcement on page 593 of this issue.

Mr. Trigg Parfrey, together with his wife, left Sydney by the "Monterey" on May 10 on an extended business trip to America, thence to the United Kingdom and the Continent. They expect to be away for approximately six months.

JOHNSON'S BABY POWDER JINGLE CONTEST

For the first time in Australia a consumers' contest is to be "plugged" on TV. This will be Johnson's Baby Powder Jingle Contest, which has just been announced throughout Australia by Johnson & Johnson Pty. Ltd.



This new model Austin A55 luxury saloon will be awarded to the winner of the Johnson & Johnson Pty. Ltd. jingle contest being held throughout Australia.

A new Austin A55 car will go to the winner of the contest. TV viewers will see the car on ATN (N.S.W.) and GTV (Vic.) during commercials accompanying the first TV presentation of the Quiz Kids on June 9.

In addition, there will be a big advertising campaign (press, women's journals, etc.), and thousands of special posters and other display material are being supplied.

All the competitor has to do to submit an entry in this big J. & J. event is to complete the last line of this jingle:

"Let Johnson's Baby Powder keep
You morning-fresh and gay.
It's best for all the family
..... (to be filled in).

The contest entries will close on August 9, and the winner will be announced on the Quiz Kids programme on August 25 and the Robin Hood programme on August 26.

Chemists are invited to stamp their pharmacy name on information leaflets which they will distribute. If the entry which finally wins the contest carries such a pharmacy imprint, that pharmacist will win a special prize of £100. If the winning entry does not carry a chemist's imprint, then the £100 will go to the chemist whose name is on the best entry after the actual winning entry.

POCKET COMPENDIUM OF AUSTRALIAN STATISTICS

The 1957 issue of the Commonwealth Statistician's booklet—Pocket Compendium of Australian Statistics—has just been released at the price of one shilling (1/4 post free).

Measuring less than 4½ in. by 3½ in., and weighing

a mere 2½ ounces, its compact form and wide range of topics will doubtless appeal to all who require general information on Australia and its people.

In particular, business men travelling overseas will find these little booklets valuable media for dissemination of information among their colleagues abroad.

The wide range of subject matter is illustrated by the following selection:—

Balance of Payments	Livestock
Banking	Minerals
Building	National Income
Crops	Oversea Trade
Dwellings	Population
Education	Price Indexes
Employment	Production
Food Consumption	Public Finance
Hire Purchase	Retail Sales
Hospitals	Transport
Insurance	Wage Rates

In addition, the Compendium lists the members of Commonwealth and State Ministries, Commonwealth Parliament, the Commonwealth Judiciary, also Australian Diplomatic and Consular Representatives overseas, Diplomatic Representatives of other countries in Australia, and principal Commonwealth Officials.

A chronological table of principal events since Captain Cook's first voyage to Australia in 1770 rounds off a veritable mine of information.

Copies are available from the Deputy Commonwealth Statistician, 4th Floor, 8 Elizabeth Street, Melbourne (P.O. Box 2796Y); The Government Printer, Canberra, or The Commonwealth Sub-Treasury in each capital city. They may also be ordered through the leading booksellers in the principal cities of Australia.

"SWEETEX" BAR

Boots Pure Drug Co. (Aust.) Pty. Ltd. has announced the issue of a limited stock of a sales presentation unit



called "Sweetex Bar," which enables the full range of Sweetex products (Sweetex Liquid, Pellets and Pastilles) to be displayed by retail chemists. This display unit is available on request from each State office of Boots Pure Drug Co. (Aust.) Pty. Ltd.

The unit is of heavy duty cardboard with a varnished finish and, as the basic colours are red, black and yellow, its effectiveness as an aid to sales, if displayed prominently, is unquestioned.

To highlight a special double pack offer, two inserts are supplied for the left and right sides of the fixture. These are shown in the accompanying illustration.

HYALURONIDASE FOR ADELAIDE UNIVERSITY

A quantity of the rare drug, Hyaluronidase, has been presented to the Department of Physiology and Pharmacology at the University of Adelaide, to aid in the investigations now being conducted by the Department into the manner in which fat penetrates artery walls, forming the hard deposit which causes arteriosclerosis.

Six hundred pounds' worth of this valuable enzyme hyaluronidase was presented to the University Department by the Directors of F. H. Faulding & Co. Ltd., on May 8.



Professor Sir Stanton Hicks (left), head of the Physiology and Pharmacology Department of the Adelaide Medical School, and Dr. Colin Schwartz (centre), receiving the rare drug hyaluronidase from the Managing Director of F. H. Faulding & Co. Ltd. (Mr. A. F. Scammell).

Professor Sir Stanton Hicks said, when accepting the parcel, that disease of the blood vessels, such as arteriosclerosis, now ranked among the chief killers of the Western world.

Among Department members who have been doing research into the part played by certain fats in arteriosclerosis are the Senior Lecturer in Applied Physiology and Pharmacology (Dr. A. J. Day) and Dr. Colin Schwartz, a research fellow.

Sir Stanton Hicks told Mr. A. F. Scammell, representing F. H. Faulding & Co. Ltd., that the company's gift was greatly appreciated because hyaluronidase was an extremely expensive substance and was needed in very large quantities for the current investigations.

SIGMA CO. LTD.

Annual Meeting

The annual general meeting of shareholders was held on April 30, 1957, at 589 Collins street, Melbourne, at 8 p.m.

Dr. A. L. Cunningham (Chairman of Directors) welcomed shareholders and called on the Secretary to read the notice convening the meeting, following which

it was resolved that the minutes of the last annual meeting be taken as read.

Annual Report.—Mr. F. L. Flint and Mr. S. J. Baird proposed that the Profit and Loss Account and Directors' Report be taken as read and received, and this was carried unanimously.

The Chairman referred to the very sad and serious loss the company sustained in the death of Mr. F. N. Lee, and stated that the Board had considered it desirable that the vacancy be filled as quickly as possible, because Sigma Co. Ltd. had become a very diverse and complex business. The Board were delighted to have Mr. S. M. Adams accept their invitation to join.

The Chairman mentioned that the sales of between £3,000,000 and £4,000,000 had set a new record, and he recalled that the turnover some 20 years ago was of the order of £70,000 per annum. He also called attention to assets which today totalled about £1,750,000 against liabilities of £750,000 and shareholders' funds approximately £1,000,000. He also mentioned that during the year shareholders had shown their confidence in the company by subscribing a further £167,000 capital, represented by £50,000 Ordinary Shares, £67,000 in Preference Shares, and £50,000 Notes in Pharmaceutical Investments. The funds had been spent partly on the Collins street building and partly at Tromax.

The Five Year Summary printed in the Annual Report and showing the growth of the company was a very interesting page. The Chairman emphasised that gross earnings and dividends had almost doubled, whereas the number of shareholders had increased only from 970 to 1170, which meant that each shareholder was holding more in the company and getting more dividends than five years ago.

He reminded the meeting that Sigma is a co-operative company, and as such depended on the help of everyone—shareholders as much as staff—to be successful. By asking for co-operation he was not asking for shareholders to do with less service than they were receiving, but he asked all to facilitate delivery of orders by helping the drivers to get in and out of shops quickly, having orders ready and giving orders as quickly as possible over the 'phone, posting in as many as possible and by helping in many small ways.

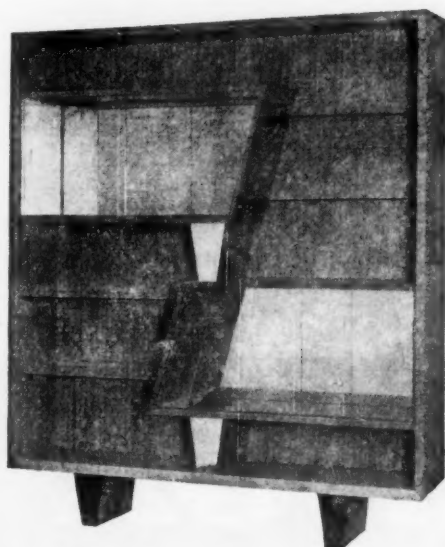
The Chairman commented that, although gross profit was higher than ever, the increased cost of doing business resulted in a lower net profit. The shift of operations during the year contributed to this and, although the move took place before the last annual meeting, it was during the financial year which commenced on January 26. He mentioned that the staff is now engaged on a campaign of trying to work more economically, and it was hoped that net profit would climb a little during the coming year.

Several executives had been overseas; Mr. Allsop having visited America and Europe, Mr. Hobbs was away at present, and Mr. Peterson had been to New Zealand.

Special reference was made to the I.B.M. Punched Card Department, and attention called to specially prepared Pro Forma invoices which had been circulated to show the form in which members could soon expect to receive their debits. On these all pricing and extensions had been checked on cards before the invoice was printed; but the Chairman asked for indulgence over the early period of implementation of this new system, as no company had yet installed the equipment without early teething troubles.

Dr. Cunningham paid a tribute to the staff, and specially mentioned that shareholders owed their executives a debt of gratitude for the way in which they worked and looked after the interests of shareholders. He also read a letter of thanks from a member

A Winning Double



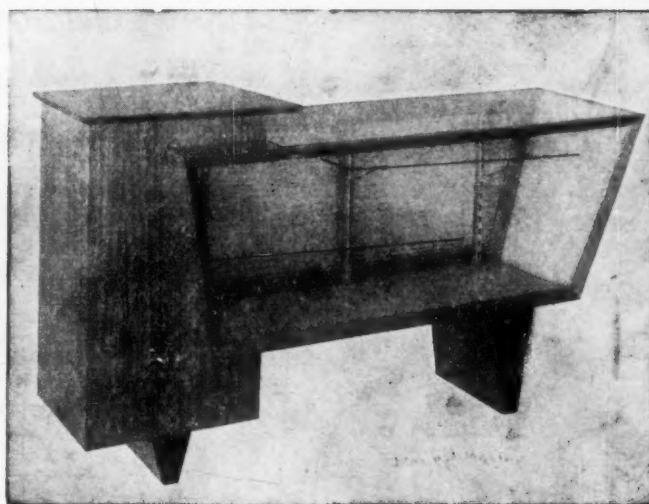
£95-10-0
Wall Unit

6 ft. long, 6 ft. 9 in. high, 15
in. deep. Any size built to
order.

YOUR INSPECTION INVITED

£79-17-6
Display Unit

6 ft. long, 3 ft. 6 in. high,
1 ft. 11 in. deep. Beautiful
Sliced Maple and Ash
Polished Natural Colour.



BOSTON SHOPFITTINGS PTY. LTD.

64 SYDNEY ROAD, BRUNSWICK, N.10, VIC.

Established 1898

FW 1414 - - FW 6667

For the local treatment of
THE COMMON COLD
Hay Fever, Sinusitis
and other catarrhal conditions



FENOX

FENOX has an immediate and prolonged action.

FENOX is water miscible and non-oily.

FENOX remains at the site of action.

FENOX is non-irritant; readily absorbed by the mucosa.

FENOX is suitable for adults and children.

*Compound Isotonic Nasal Drops of
Phenylephrine and Naphazoline. Supplied
in ½ fl. oz. dropper bottles.*



BOOTS PURE DRUG CO. (AUST.) PTY. LTD.

SYDNEY • MELBOURNE • BRISBANE • ADELAIDE • PERTH

of the staff, Mr. F. McQueen, and his wife, for the way in which workmates and chemists rallied round and raised £500 to help rehabilitate them and their family when their home and belongings were destroyed in the disastrous Diamond Creek fires earlier in the year.

Mr. S. J. Baird asked about premiums on shares, and was advised that the premiums were received on 6 per cent. shares when their market value at the time of issue was above £1. The Chairman said he doubted very much if any way existed in which that amount could be returned.

Directors.—Mr. A. H. Mansell retired and offered himself for re-election as Director to represent Preference Shareholders. Mr. G. A. Saunders was also a candidate. A postal ballot was held and Mr. Mansell was re-elected by a substantial majority.

Mr. S. M. Adams, who filled the casual vacancy occurring through the death of Mr. F. N. Lee, retired in accordance with the Articles of Association, and being eligible offered himself for re-election as Director. Mr. H. W. Shilton and Mr. M. Super were also candidates. Mr. Adams was re-elected by postal ballot.

Mr. J. Oxley moved that the sum of £1600 be allocated as fees for Directors during the ensuing year, seconded by Mr. E. G. Leete and carried.

Messrs. Davey, Garcia and J. G. Davis retired as auditors and being eligible offered themselves for re-election. Mr. Super asked if other firms were invited to apply. The Chairman replied that standard notices, as required under the Companies Act, had been issued, and that no effort was made to get anyone else, as these people had given very satisfactory service. Mr. D. V. Ray, of Colac, moved and Mr. E. W. Braithwaite seconded that Messrs. Davey, Garcia and J. G. Davis be appointed at a fee of 1500 guineas. Carried.

Mr. Pickering asked if it would be possible for Sigma drivers to collect films for Verycolor Laboratories instead of chemists having to mail them. He also raised a question respecting minimum packages of drugs.

Mr. Mansell replied that he was in full agreement with Mr. Pickering's comments and that both matters were receiving consideration.

Mr. Shilton congratulated Mr. Adams on his re-election to the Board, and expressed thanks to the whole of Sigma executive staff for a good job done over the past 12 months. He also asked the Board to consider relieving the cost of freights to country shareholders by perhaps paying freight on first of the month orders. He also felt that more attention could be given to veterinary matters.

Mr. Taylor replied that a schedule of telephone calls to country members was being operated at considerable cost and that the company hoped to follow up with freight concessions. Also, that although they were not specialists in the veterinary field, they were endeavouring to develop to the best of their ability for those shareholders who desired and needed a service of that nature. Mr. Haigh added that Mr. Shilton's comparison of Sigma with companies which specialised in veterinary products was a little ambitious, and that Sigma's limited material and human resources arose from the very nature of the company, inasmuch as it was desirable to distribute each year a greater part of all profits. He told the meeting that he had an assignment from the Board to put forward alternative proposals, and that these might lead to a greater subdivision of the company's business.

Various other matters of particular interest to some shareholders were discussed, and at the conclusion of the meeting shareholders inspected the punched card installation and fraternised at supper.

P.A.T.A. OF N.S.W.

Notified April 23, 1957—

General Section: Additions

Riley-Williams Pty. Ltd.

Size	Retail	Wholesale
	5/- Denta-Kleen	39/- doz.
	2/- Kleer-Spex (de-mist tissues) . .	17/- doz.
	3/3 Quest Deodorant	22/- doz.
4 oz.	4/6 Radian B.	35/6 doz.
8 oz.	7/3 Radian B.	60/- doz.
	7/9 Radian Massage Cream	70/- doz.
	4/6 Radian Soothing Cream	35/6 doz.
	3/- Smog (Anti-mist cloth)	24/- doz.
	Veterinary—	
15/-	Radiol	135/6 doz.
15/-	Bone Radiol	135/6 doz.
15/-	Pedicine	135/6 doz.
10/-	Worm Powders	84/- doz.
4/6	Leg Wash Powders	35/6 doz.

General Section: Alterations

3/-	Ivorite Ammoniated Paste	24/- doz.
3/-	Ivorite Ammoniated Powder	24/- doz.
	D.H.A. (Victoria) Pty. Ltd.	
3/-	Felton's Milk of Magnesia	24/- doz.
4/6	Hypol	40/- doz.
4/6	Hypol Tablets	36/- doz.
No. 1. 2/9	Kruse's Fluid Magnesia	22/- doz.
No. 3. 5/6	Kruse's Fluid Magnesia	44/- doz.
3/6	Rat Death	28/- doz.

Chemists' Section: Alterations

D.H.A. (Victoria) Pty. Ltd.

1 lb. 5/5	Plastine	43/- doz.
1 lb. 8/9	Plastine	71/- doz.
2 lb. 14/9	Plastine	118/- doz.
5 lb. 28/6	Plastine	228/- doz.

Martin & Co. (Surgical) Pty. Ltd.

Size	Retail	Wholesale
1/2" x 1 yd.	10d. Leukoplast Zn.Ox. Adhesive Plaster	6/- doz.
1" x 1 yd.	1/2 ditto	8/- doz.
1" x 2 1/2 yd.	1/7 ditto	11/- doz.
1" x 2 1/2 yd.	2/1 ditto	14/6 doz.
1" x 5 yd.	2/6 ditto	18/- doz.
1" x 5 yd.	3/4 ditto	24/6 doz.
2" x 5 yd.	5/9 ditto	42/- doz.
3" x 5 yd.	8/- ditto	58/8 doz.
1/2" x 1 yd.	1/1 Leukoplast Zn.Ox. Adhesive Plaster, Waterproof	7/9 doz.
1" x 1 yd.	1/5 ditto	10/- doz.
1" x 2 1/2 yd.	1/11 ditto	13/6 doz.
1" x 2 1/2 yd.	2/9 ditto	19/3 doz.
1" x 5 yd.	3/3 ditto	23/- doz.
1" x 5 yd.	4/6 ditto	33/- doz.
2" x 5 yd.	8/3 ditto	59/- doz.
3" x 5 yd.	13/- ditto	96/- doz.
1" x 1 yd.	2/- Leukoplast Zn.Ox. Adhesive Plaster, Elastic	14/9 doz.
2" x 1 yd.	3/6 ditto	25/3 doz.
1" x 3 yd.	5/3 ditto	37/8 doz.
1 1/2" x 1 yd.	3/9 Handyplast Wound Dressing—Elastic	27/- doz.
2 1/2" x 1 yd.	5/- ditto	37/- doz.
3" x 1 yd.	6/3 ditto	45/- doz.
1 1/2" x 1 yd.	3/6 Handyplast Wound Dressing—Waterproof	25/- doz.
2 1/2" x 1 yd.	4/6 ditto	33/- doz.
3" x 1 yd.	5/6 ditto	41/- doz.
2 1/2" x 3 yd.	10/- Leukolastic Zn.Ox. Bandages—Elastic	75/- doz.
3" x 3 yds.	11/6 ditto	85/- doz.
4 per tin	1/7 Boil & Carbuncle Plasters—Adhesive	11/6 doz.

New Products

BLEACOY 300 SLIDE BOX

The Bleacoy 300 Slide Box, as its name implies, holds 300 slides.

This is a neat and attractive box made from unbreakable plastic and smartly finished in two colours.

Retail price is 29/6. Distributed by H. Bleakley Photographics Pty. Ltd., 397 Kent street, Sydney, and 323 Bourke street, Melbourne.



NYAL HEALTH SALT

The Nyal Company has introduced Nyal Health Salt 8 oz. as a chemists' only line.



Nyal Health Salt has been especially formulated to bring relief in cases of nausea, biliousness, acid indigestion, travel sickness and flatulence, particularly after over-indulgence in eating or drinking. Another use is as a mild laxative or as a daily health drink.

The product is packed in an 8-oz. all-metal can designed in blue, black and white, and of a convenient shape for the building of window or counter displays.

An eye-catching "pack-crowner" and an attractive single-unit counter display are available to all chemists. One crowner is supplied with every dozen or more packs bought.

Nyal Health Salt, 8 oz., retails at 5/9 each.

"FEM-VITA" TABLETS

Greenon Pty. Ltd., of Melbourne, has introduced "Fem-Vita" vitamin and mineral tablets for women.

"Fem-Vita" is stated to be prepared from a "scientifically balanced vitamin mineral formula that restores health and beauty in times of feminine stress. Corrects feminine disorders and irregularities caused by dietary deficiencies."

For a limited period a special introductory bonus is offered—one dozen "Fem-Vita" packets for the price of 11. Wholesale 69/8 dozen, retail 114/- dozen (9/6 packet).

Colourful window and counter display cards are obtainable on request from your wholesaler.

"Fem-Vita" is to be sold by chemists only. Obtainable from all recognised wholesale drug stores.



Student Activities

THE NATIONAL ASSOCIATION OF PHARMACEUTICAL STUDENTS OF AUSTRALIA

Two members of N.A.P.S.N.Z. who are well known to pharmacy students in Australia have been very much in the news this month—namely Margaret Brunton and Mollie Harris. Margaret, who has been in the Hornsby Hospital for the last few months following a car accident in February, is now staying at 44 Malvern avenue, Roseville, North Sydney. Mollie Harris, who is travelling from New Zealand to England, was entertained by Castlereagh Congress friends in Sydney, Melbourne and Perth.

ADELAIDE UNIVERSITY PHARMACEUTICAL STUDENTS' ASSOCIATION

Once again our noses are to the grindstone and the year is off to a good start. The Annual General Meeting was held at the University on April 8 and proved to be as fiery as ever—showing the enthusiasm of students to be as high as ever. Several motions, including five constitutional amendments, provided considerable debate. The following new officers were elected:—

President: Malcolm Abbott.
Vice-President: Ralph Shinnick.
Secretary: Meredith Woods.
Assistant Secretary: Jerry Webber.
Treasurer: John Hyde.
Social Secretary: Geraldine Chapman.
Editor "Tincture Press": Bob Maloney.
Sub-Editor: John Mensforth.
L.P.O.: David Cocks.

One of the principal debates of the evening involved Congress. The crux of the matter took the form of protests that insufficient publicity was given in S.A. concerning Congress. Once again, as has been the experience for some years, students pleaded inability to attend because of N.S.T. and C.M.F. camps. However, as the C.M.F. camps in the future will be held later in January, and with cuts in N.S.T. proposed, the position should be eased.

The outcome of the debate is that Congress is assured of full publicity this year, and interest is already high. We also point out that on a percentage basis, S.A. have for three years (in spite of the Army) led the field in attendance at Congress. There will be no holding A.U.P.S.A. now. Beware the larger States!

A social year has been planned by the new Committee, the opening event of which was the Freshers' Welcome. Next in line is this month's social, advertised as a "Hernando's Hideaway" evening. Other events planned include a Film evening, the annual Car Gymkhana, and, of course, the Ball, the Dinner and the Picnic.

Finally, congratulations to Heather Smith on being the first woman to win the Gold Medal, and also to Messrs. Lockett and George, the Parke, Davis prize winners.

SYDNEY UNIVERSITY PHARMACEUTICAL ASSOCIATION

March saw the Sydney University reopen, and once again the Pharmacy Department has a record number of enrolments both in First Year and Mat. Med.

The Annual General Meeting was held early in April in the Union. The outgoing President, Frank Payne, thanked the Committee members for their support, and expressed his hope that this year's Committee would



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work as well for the new President. The following officers were elected:—

President: Phill O'Grady.

Vice-Presidents: David Samer and Nick Drach.

Student Vice-President: Pat Young.

Secretary: Robyn Baird.

Treasurer: Tony Galluzzo.

Editors "Mortar Monthly": Robyn Sellar and Poppy Harris.

Sports Representatives: Pam Hall and Gary Stutsell.

First Year Representatives: Barbara Giles and Mary Prendergast.

Second Year Representatives: Pat Young, Pam Hall and Maurice Lazarus.

Following the elections supper was served; then by the courtesy of Burroughs Wellcome & Co. (Aust.) Ltd. selected films were shown.

On Anzac Day nearly 100 people went to National Park for the annual picnic.

The Commemoration Ball is nearly on us and promises to be well represented by the students. The Pharmacy Students' Ball is to be held in the Union Hall, and students are reminded to reserve their tickets.

Our two Co-editors have already shown initiative with their first publication of the "Mortar Monthly," but they are wanting many more original contributions and genuine criticism.

Very early in the term the Freshers' Swimming Carnival was held. One of our reps. managed to struggle home before the remainder of the field, so we were not out of the picture. Congrats, Gary. Everybody is enthusiastically waiting for second term, when interfaculty sport really booms. Ladies' Hockey and Basketball teams are already in practice, as are the men's Football and Basketball teams. Keep up the good work all round and let us see the "Blue and Whites" right on top in all sport.

Unbeknown to some students, the Association has its own lapel badge and special blazers which may be purchased through the class representatives.

WEST AUSTRALIAN PHARMACY STUDENTS' ASSOCIATION

The second years have at last returned from their N.S.T. holiday at Rottnest Island, and have elected the following as their class reps:—Beverley Black, Allan Jackson, Ian Davies and Kerry Manolas.

At the Committee meeting held on May 7 the office-bearers were elected:—

President: Terry McManus.

Vice-President: Ernie Hogan.

Secretary: Anne Symes.

Treasurer: Bev Black.

L.P.O.: Phil Keogh.

Editor "Script": Ron Dymock.

Sub-editor: Brian Lynch.

Text Book Officer: Claude Byron.

Despite our late start, the student body has been most active. At the time these notes were written, the Annual Ball (on May 13) had been organised and was expected to be a great success.

Members of last year's executive gave us a good start on what is to be a big job this year, that of finding a suitable site for Congress 1959. On Anzac Day several members visited Penguin Island, which they thought very suitable, as it had, as well as six cabins and two blocks of rooms, a large recreation hall. There are surfing as well as calm water beaches, and not its least attraction is the transport across—climbing up on to a converted "Duck" and driving out into the sea.

For the first time the students of the University invited us to join in their annual procession. This invitation was accepted, and we hope to enter a float worthy of the invitation. This gives us an opportunity

to extend our friendship with students of the University, many of whom we know, and also to make ourselves known to them as a student body.

QUEENSLAND PHARMACEUTICAL STUDENTS' SOCIETY

A rather rushed dance was held on April 12, and although attendance was somewhat smaller than at our freshers' dance (due, no doubt, to the rather short notice given), it was still enough to make the place jump, and everybody thoroughly enjoyed themselves.

Q.P.S.S., as a mark of appreciation for the help given to the students, gave a dinner on April 23 at the Carlton Hotel for representatives of Senior Pharmacy. Those present included: Mr. W. A. Lenehan, President of the Pharmaceutical Guild; Mr. R. Martin, President of the Pharmaceutical Society; Miss D. Brighthouse, Secretary of the Society and the Guild; Mr. McGrath, Principal of the Central Technical College; and the executive of Q.P.S.S. The dinner was a wonderful success, and the students, after the initial strangeness of being so close to such important people, soon found themselves at home; and from then on the dinner could not help but be a success. As a result, a closer liaison between students and Senior Pharmacy can be expected in the future.

Most students spent their Easter holidays on the glamorous beaches of Queensland's Gold Coast, and there were many parties and barbecues.

Our float was to go into the University Procession on May 3, but the procession was postponed until May 15; so more of this next month.

—Margaret Whittle, National Publicity Officer, 21 Beatrice road, Dalkeith, W.A.

PUBLICATIONS RECEIVED

The Year Book of the National Union of Pharmaceutical Students of New Zealand. 1957. (Pps. vii and 95.)

This book has been published with two main objects in view: to provide a permanent record of the constitution of the Students' Union, which would be available to every student, and to furnish up-to-date information on the laws pertaining to pharmacy and poisons in New Zealand.

The Year Book is the first publication of this nature that has been issued in New Zealand, and the publishing committee, headed by its Chairman, Mr. Eric Dash, is to be complimented on its work.

The constitution of the National Union of Pharmaceutical Students of New Zealand is given in full, together with the regulations made under the constitution.

Included in the book are the Pharmacy Act and Regulations and amendments thereto, the Dangerous Drugs Regulations, the Poisons Act and Schedules, and epitomised versions of the Food and Drug Regulations, The Medical Advertisement Act (1942), The Social Security (Pharmaceutical Supplies) Regulations (1941), The Shops and Offices Act (1955), and some other miscellaneous Acts and Regulations relating to the conduct of Pharmacy. The legislation referred to is accompanied by useful explanatory material.

A general survey of the other activities within and around pharmacy in New Zealand forms a substantial part of the book, while a list of proprietary and ethical products which are affected by legislation under the Poisons Schedules and the Restricted and Dangerous Drug Regulations is included, and should prove useful to the practising pharmacist.

The Year Book contains a guide to the office-bearers of the National Union of Pharmaceutical Students of New Zealand, and also provides the addresses of the member associations.—F.H.B.

Commonwealth and State News

COMMONWEALTH

PERSONAL and GENERAL

R.A.A.M.C.

The Commonwealth Government Gazette of May 23, 1957, contains an announcement that the provisional rank of 2/716278 **Lt. W. M. Orr** is confirmed and that 2/206955 **Lt. K. F. Garling** is appointed to be temporary Captain from 2nd April, 1957.

GENEROUS AMERICAN SUPPORT FOR AUSTRALIAN RESEARCH

It was announced during the month by C.S.I.R.O. that the pharmaceutical manufacturing firm of Smith, Kline & French Laboratories, Philadelphia, is making a grant of £18,000 available to the Division of Industrial Chemistry of C.S.I.R.O.

This will enable the Division to extend its current programme of research into the potentialities as useful drugs of the chemical constituents of native trees and shrubs.

DRUGS OF ADDICTION

Questions in Parliament

Mr. Webb asked the Minister for Health upon notice in the House of Representatives on March 28, the following questions:—

1. Is the Commonwealth required, under the International Convention on Drugs of Addiction, to report each year the number of known drug addicts?

2. Is drug addiction notifiable in only two States, viz.: Queensland and South Australia?

3. If so, how can a correct figure be supplied by the Commonwealth?

4. In view of the reported increase in the use of drugs, does the Commonwealth intend to take action to comply with the decision of the World Health Organisation with respect to the reporting of drug addiction so that addiction can be adequately controlled and treated?

Dr. Donald Cameron, Minister for Health, said the answers to the Honorable Member's questions are as follows:—

(1) Yes.

(2) Yes.

(3) The Commonwealth must rely upon the accuracy of the estimates submitted by States where drug addiction is not notifiable.

(4) Notification and treatment of addiction will require amendment of the law in some States. The Commonwealth has sought the co-operation of these States in having the appropriate amendments effected as soon as possible.

SERPASIL

In the House of Representatives on April 4 Mr. Whitlam asked the Minister for Health, upon notice—

1. Is reserpine regarded, as stated by the Minister for External Affairs in this House, on 25th May, 1955,

as valuable in the treatment of high blood pressure and hypertension?

2. Is reserpine marketed under the trade name Serpasil?

3. Has the Pharmaceutical Benefits Advisory Committee considered the listing of Serpasil as a pharmaceutical benefit under the National Health Act?

4. If so, what was the date and text of the committee's recommendation?

Answers given by the Minister, Dr. Donald Cameron, were as follows:—

1. Yes.

2. Yes.

3. Yes.

4. Any decision arrived at will only be made after consideration of the committee's recommendation.

COMMONWEALTH SCIENTIFIC PUBLICATIONS COMMITTEE

The Commonwealth Scientific Publications Fund was established by the Commonwealth Government in 1927, to provide financial assistance to meet the cost of publication of meritorious scientific works, the nature of which made it impossible for scientific organisations to undertake the cost of printing and the expenses associated therewith.

The Commonwealth Scientific Publications Committee which was then formed to consider applications for grants from the funds placed at its disposal by the Government, now includes Mr. C. L. Hewitt (Chairman), First Assistant Secretary, Department of the Treasury (Dr. F. W. G. White), Deputy Chairman, Commonwealth Scientific and Industrial Research Organisation, and Dr. H. G. Raggatt, Secretary Department of National Development. This Committee has the power to co-opt an additional member as required on account of his special knowledge of the branch or branches of science concerned in each application.

Three essentials are necessary to secure financial assistance:—

(1) the work must be of a very high standard of merit;

(2) publication would be a distinct service to science;

(3) publication of the work is, on account of its extent, beyond the financial capacity of any the scientific societies or is not, on account of the probable limit on the number of purchases, acceptable to any commercial publishing house.

Since its formation, the Committee has aided the publication of memoirs, reports, etc., relating to the results of special investigations carried out in Australia, such as the "Study of the Meteorological Results of the First Shackleton Expedition," by Dr. Edward Kidson; "Phonetics and Grammar of the Aranda Language," by T. G. H. Strehlow; the "Geological Map of Australia," by Sir Edgeworth David, and many others.

Grants are usually made by payment of the printer's account where the financial assistance approved covers such cost, or in other cases to the author on receipt of evidence that the scientific matter has been printed.

Applications, together with complete copies of manuscripts for consideration by the Committee, should be forwarded to the Chairman, Commonwealth Scientific Publications Committee, Department of the Treasury, Canberra, A.C.T.

COMMONWEALTH—Continued

PROHIBITED IMPORTS—LIST AMENDED

A proclamation in the Commonwealth Gazette dated May 9, 1957, amends the list of goods subject to control under Sections 231 and 233b of the Customs Act.

The new list is as follows:—

- (a) blasphemous, indecent or obscene works or articles;
- (b) diacetylmorphine (heroin) and its salts and preparations containing diacetylmorphine or its salts;
- (c) Indian hemp (that is to say, the dried, flowering or fruiting tops, by whatever name those tops are called, of the pistillate plant known as *Cannabis sativa*, being tops from which the resin has not been extracted) and—
 - (i) resin obtained from Indian hemp;
 - (ii) preparations, such as hashish, esrar, chiras and djamba, of which that resin forms the base; and
 - (iii) galenical preparations (extract and tincture) of Indian hemp;
- (d) ketobemidone (4 - (3 - hydroxyphenyl) - 1 - methyl - 4 - piperidyl ethyl ketone or 1 - methyl - 4 - meta - hydroxyphenyl - 4 - propionyl - piperidine) and its salts (Chradon, Ketogan) and preparations containing ketobemidone or its salts;
- (e) opium prepared for smoking, including dross and any other form of charred opium; and
- (f) the drugs specified in the Items numbered 1 to 6 (inclusive) in the Fourth Schedule to the Customs (Prohibited Imports) Regulations where those drugs are imported into Australia—
 - (i) by a person other than a person who has been granted a licence to import drugs under sub-regulation (3.) of regulation 5 of those Regulations, being a licence which is in force; or
 - (ii) without the permission in writing of the Collector to the importation of the drugs having been granted under sub-regulation (3.) of regulation 5 of those Regulations.

Section 233b provides that any person who—

- (a) without any reasonable excuse (proof whereof shall lie upon him) has in his possession, on board any ship or aircraft, any prohibited imports to which the section applies, or
- (b) imports, or attempts to import, into Australia any prohibited imports to which the section applies, or
- (c) without reasonable excuse (proof whereof shall lie upon him) has in his possession any prohibited imports to which the section applies which have been imported into Australia in contravention of that Act, or
- (d) aids, abets, counsels, or procures, or is in any way knowingly concerned in the importation into Australia of any prohibited imports to which the section applies, or
- (e) fails to disclose to an officer on demand any knowledge in his possession or power concerning any importation or intended importation into Australia of any prohibited imports to which the section applies,

shall be guilty of an offence against the Act punishable upon conviction by a penalty of imprisonment for not less than three months and not more than two years.

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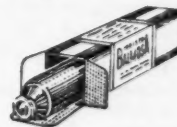
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TASMANIA

PERSONAL and GENERAL

State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in Tasmania, Miss M. L. Williams, 276 Argyle St., North Hobart ('phone B 1010).

Mrs. Dawson has taken her young family for the school holidays to Bruni Island.

Mrs. Alfred Jones (Tribby) has returned to work after a honeymoon tour of Tasmania.

Mr. A. N. Gould is having a break from the pharmacy, but, we understand, he has "knocked off work to carry bricks."

Congratulations to Miss Sally Sharp and to Mr. Malcolm Cooney, both of whom have recently celebrated their coming of age.

Among the lucky ones who have been having holidays are Mr. Calver, of Launceston, who has been along the coast. Miss Kidd looked after the pharmacy while he was away.

Births.—Congratulations to Mr. and Mrs. Alwyn McDougall, on the birth of their daughter, Roseanne Joyce. Also to Mr. and Mrs. Oliver Heyward (Peg Butcher) on the arrival of another son, Mark Oliver.

The Association of Women Pharmacists recently had a most enjoyable picture evening, when quite a number of the women saw "The King and I," as part of the programme.

PHARMACY BOARD

Monthly Meeting

The Pharmacy Board of Tasmania met at 85 Elizabeth street, Hobart, on April 10, at 8 p.m.

Present.—Mr. F. H. Cartledge (Chairman), Messrs. A. G. Gould, T. A. Stephens, I. B. McLeod, E. H. Shield, and the Registrar

Pharmaceutical Register.—Mr. Owen R. Johnson (ex South Australia) was registered.

Apprentices.—Indentures of Brian Heffernan with Allan Fennell, and Allen Graeme Fennell with George Woodrow Moore were registered, subject to presentation of Schools Board Certificate.

Yvonne Anne Atkins and Fay Bester: Registration of satisfactory completion of apprenticeships was approved.

Finance.—A financial statement was presented, and accounts totalling £82/6/2 were passed for payment.

Poisons Act.—Advices were received from the Acting Director of Public Health regarding Drugs under the United Nations 1948 Protocol and Limitations Convention of 1931 being—

Alpha-1-methyl-3-ethyl-4-phenyl-4-propionoxypiperidine and its salts; and

1-2-(p-aminophenyl)-ethyl-4-phenylpiperidine-4-carboxylic acid ethyl ester and its salts.

d-1-methyl-3-ethyl-4-phenyl-4-propionoxypiperidine and its salts; and

1-(2-(p-aminophenyl)-ethyl)-4-phenylpiperidine-4-carboxylic acid ethyl ester and its salts.

The meeting decided that these drugs were covered in Part 1 of the First Schedule of our Poisons Act under "Sulphonol . . . and all other synthetic hypnotic substances."

Dangerous Drugs Act.—The Registrar reported that he had been given a model Dangerous Drugs Act by the Acting Director of Public Health, and he proposed having a similar Act brought into operation in Tasmania.

The meeting agreed with the proposal, subject to some slight amendments.

Wholesale (Patent Medicines) Act.—The Acting Director of Public Health also gave the Registrar a copy of this Act as operating in Victoria, and suggested that a similar Act should be brought into operation in Tasmania.

The meeting considered that as probably 98 per cent. of patent medicines marketed in Tasmania were manufactured in the mainland it would serve no useful purpose to have such an Act for Tasmania.

Registrar.—The Registrar stated that he wished to resign from the position of Registrar in favour of Mr. I. C. Malcolm, who had been working with the Registrar over the past six years. The same staff would be available to handle all routine duties. Such transfer to take place over the next three months.

The meeting closed at 10.30 p.m.

MAY MEETING OF THE PHARMACY BOARD

The Pharmacy Board of Tasmania met at 85 Elizabeth street, Hobart, on May 8, at 8 p.m.

Present.—Mr. F. H. Cartledge (Chairman), Miss M. L. Williams, Messrs. T. A. Stephens, A. K. Smith, I. B. McLeod, E. H. Shield, and the Registrar.

Welcome to Registrar Designate.—The President welcomed Mr. Malcolm, who will be taking over the position of Registrar.

Apprentices.—Graham Conrad: Registration of satisfactory completion of apprenticeship was approved.

Malcolm G. Cooney: Approval was granted for registration of transfer of indentures from Mr. N. G. Dineen to Mr. R. C. Townley.

David Neill: Cancellation of indentures was accepted.

Kevin Michael Morgan with Eric J. Bourke: Registration of indentures was approved.

Susan Haigh: In view of the fact that Miss Haigh has served two years' apprenticeship at the Royal Infirmary at Bradford, England, her apprenticeship period is reduced to three years.

Finance.—Accounts totalling £96/12/4 were passed for payment.

Poisons Act.—Two copies of amended recommendations of the Poisons Schedules Committee were received and noted.

The meeting closed at 9.15 p.m.

PHARMACEUTICAL SOCIETY

Council Meeting

The Council of the Pharmaceutical Society of Tasmania met at 85 Elizabeth street, Hobart, on May 13, at 6.15 p.m.

Present: Mr. E. H. Shield (Chairman), Messrs. A. P. Brammall, L. J. McLeod, B. J. Shirrefs, W. G. Webb and the Secretary.

Standardisation of Tablets.—Correspondence was received from the Pharmaceutical Society of N.S.W., seek-

TASMANIA—Continued

ing the co-operation of this Society in the standardisation of size of tablets.

After discussing this matter, members considered that whilst it might be desirable to have such standardisation it was impracticable to expect the Government to introduce legislation to control such.

General Meetings.—The Chairman reported that Mr. G. S. George, of Kodak (A'asia) Pty. Ltd., had agreed to show films, and also arranged for Mr. Diprose, of his company, to address our meeting on Colour Photography.

Dr. Finlay had agreed to address members at our September meeting. We would therefore have a visit to the Pharmacy Department of the Technical College in June.

The meeting closed at 6.45 p.m.

THE GUILD

S.B.C. Meeting

The State Branch Committee of the Tasmanian Branch of the Guild met at 73 Liverpool street, Hobart, on April 29, at 8 p.m.

Present.—Mr. G. M. Fleming (Chairman), Messrs. D. R. Crisp, A. G. Gould, C. A. Robertson, L. W. Paley, A. Fennell, A. G. Crane, G. S. Copeland, E. H. Shield, and the Secretary.

Insurance Scheme.—The Chairman reported that Mr. Ross, of a firm of insurance brokers, had addressed a general meeting of members, and that circulars had been sent to all.

Hospital Dispensing.—As directed from the previous meeting, letters had been sent to the respective hospitals, and members decided to wait until the next meeting to see what acknowledgments were received.

Merchandising Competition.—Results for the 1956 merchandising competition were received.

Bristol Myers Co.—The meeting discussed the proposal for reducing the 20-mile limitation of this company to 5-mile limit.—It was decided that the Guild should agree with the proposed reduction of this radius.

Northern District.—Minutes of the Northern District meeting, held on March 27, and also notes of their meeting with the B.M.A. on April 5 were received, and Mr. Copeland further elaborated on the discussions which were held with the B.M.A.

Financial.—Accounts totalling £206/18/7 were passed for payment.

Cados Pty. Ltd.—Application was received from this company for accreditation as Guild wholesalers.—Application approved.

P.A.A. Conference.—Mr. Fennell was appointed to represent the Guild in conjunction with Mr. B. Shirrefs, representing the Society, to formulate a plan for raising funds for the P.A.A. Conference to be held in Tasmania in 1962, and was authorised to operate on a bank account for this purpose.

By-laws.—A draft copy of By-laws, which had been returned from Federal Office, were adopted, providing for an increase in the number of members in the S.B.C. in the Southern District from 9 to 10, leaving the Northern District representation at 4.

Federal President's Visit.—The Chairman reported that the Federal President would be coming to Tasmania early in June. Arrangements for his visit were left with Mr. Fleming and the Secretary.

The meeting closed at 10.15 p.m.

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* With cosmetic sales increasing yearly, and the bulk of them being made through Pharmacies, you'll find it pays to stock . . . LOURNAY . . . virtually the Chemist's own cosmetic range.



Backed by strong-selling national advertisements, all carrying the Chemists' Guild Insignia, and attractive display material.

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MORE PROFIT!



WESTERN AUSTRALIA

PERSONAL and GENERAL

State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in W.A., Mr. F. W. Avenell ('phone BA 4082).

Mr. J. Perlman has left Mr. Southee's pharmacy and joined the staff of Mr. H. O. Howling.

Mr. Colin Kennedy sailed for England on the "Australia" on April 28.

Mr. N. R. Jeanes is spending a holiday in the eastern States. Mr. D. J. Bodlovich is acting as locum.

Mrs. M. Florian has purchased Mr. R. K. Archer's pharmacy at Mt. Hawthorn.

Mr. B. J. Silbert opened a pharmacy at Mount Claremont during the month.

Mr. R. C. Clarke has been appointed manager of Boan's Pharmacy in succession to Mr. J. F. Dobson, whose death was recorded last month.

Miss Rosemary Fowler left on the "Coolaroo" for Sweden, and will proceed to England after visiting Scandinavian countries.

We understand that Mr. L. Miller, of Donnybrook, who has been ill for some months, is making satisfactory progress. Miss M. Pumfrey has been relieving at the pharmacy this month.

Mr. and Mrs. G. H. Dallimore returned to Perth on May 18 after a three weeks' visit to the eastern States and New Zealand. This will add another box of photographs to George's already large collection, and increase still further his marathon air travel mileage.

Pharmaceutical Society.—At the Monthly Meeting of the Pharmaceutical Society held on May 1, Prof. Ida Mann entertained over 100 members with her illustrated talk on the Outback of Western Australia, which she has visited on several occasions in connection with her Trachoma incidence surveys.

Chemists on holiday during the month included: Mr. W. F. Patterson of Bentley Park (Mr. W. E. Wilson relieving); Mr. E. Coates of Dalkeith (Miss P. Roberts relieving); Mr. F. Siggs of Pinjarra (Miss P. Roberts relieving); Mr. L. Webster of North Perth (Miss P. Roberts relieving); Mr. L. S. C. Scull of Carlisle (Mrs. Mallaby relieving); Mr. M. J. Crawford of Beaconsfield (Mr. J. Hamersley relieving); Mr. R. D. Morgan of Armadale (Mr. S. T. Hughes relieving); Mr. A. J. Smith of Morowa (Mr. S. T. Hughes relieving); Mr. H. N. Armstrong of Perth (Mr. M. C. Hawke relieving); Mr. D. C. Tyler of Redcliffe (Mr. K. Keating relieving).

LEAD NIPPLE SHIELDS PROHIBITED

The Government Gazette dated April 18, 1957, contained a notice advising that the following regulation has been made by the Commissioner of Public Health:—

"A person shall not use or sell or give to any other person for use by that other person any nipple shield of which lead or any compound of lead is a component."

TECHNICAL COLLEGE SCHOLARSHIPS

Congratulations to the following pharmacy students who have been awarded Technical College Scholarships:

Misses B. M. Black and E. L. Nicholls, Messrs. R. L. Brockman, B. E. Hopkins, K. E. Manolas, J. A. Bateman, G. C. Miller, D. C. Heppell, M. V. Nora, B. Carlisle,

H. M. Bond, C. J. Byron, H. Schwartz, H. Segal, and the following have had their scholarships renewed for 1957: Misses E. M. Moore, J. Shepherd, Messrs. C. Manera, M. S. Sparrow, J. R. Hubble.

Congratulations to Alan Wager and Eleanor Moore, who were the successful third year students in the D.H.A. competition this year.

PHARMACEUTICAL COUNCIL MEETING

The Pharmaceutical Council has received advice from Parke, Davis & Co. Ltd. that two trips to the company's works in Sydney will be available to W.A. pharmacy students on the results of 1957 examinations.

Formal business attended to at the Pharmaceutical Council meeting held on May 7 included the following:

Chemists Registered.—J. B. Nicholas, K. M. J. Fogarty, D. J. Bodlovich, K. M. Keating (all Final W.A.), and Mrs. M. A. Wheeler (ex Victoria).

Indentures Transferred.—C. J. Byron, from J. A. Sargent to G. N. Mountain, J. Moir from R. Bingemann to D. R. Bott, M. Shub from C. A. Sadler to W. J. Nott.

Indentures Registered.—K. S. W. Keevil to F. M. Fraser, G. Oakley to A. Davy, A. R. Windsor to A. H. Gliddon.

Indentures Suspended and Resumed.—R. J. Deveraux, suspended 8/1/57, resumed 15/4/57.

MERCURY IN TEETHING POWDERS

In the past, specimens of urine have been examined occasionally in the City Analyst's Department, Glasgow, to confirm the diagnosis of mercury poisoning in infants as a result of the administration of teething powders. During 1956 four specimens of urine were submitted from one of the general hospitals in Glasgow, and in each specimen mercury was present, the amounts being 10, 46, 13 and 23 microgrammes per litre, respectively.

Some concern was expressed by the hospital authorities, and the Medical Officer of Health agreed that the Senior Food Inspector should make an investigation during December, 1956, to determine if teething powders containing mercury were likely to be obtained in Glasgow. Eighty-six visits were made to shops, other than pharmacies, in selected districts of the City to ensure that these were not an unauthorised source of mercury compounds. Only proprietary articles, properly labelled and containing no mercury, were offered. In addition 87 visits were made to pharmacies in the same districts and the same proprietary powders were frequently offered. In seven cases, however, powders were dispensed, and in three of these mercury was present in the form of grey powder, the amounts of mercury per powder being 10.3, 1.69 and 0.13 milligrammes, respectively. In the last case, however, it should be observed that the powder was dispensed only after the food inspector had been rather insistent that he be supplied with two teething powders.

The sampling was neither random nor representative, and it must not be assumed from our results that there is a 40 per cent. chance of a dispensed teething powder containing mercury. It is disquieting, however, to find that, despite the warnings in "The Pharmaceutical Journal," mercury is still being dispensed for administration to infants.—Magnus Herd, Public Analyst, in a letter published in "The Pharmaceutical Journal," 2/2/57.



"RESEARCH". One of a series of drawings at Blandfield Chemical Works by J. Porteous Wood, R.S.W.

T.&H. SMITH LTD.
Blandfield Chemical Works
EDINBURGH

OPIUM ALKALOIDS

In few other fields is "know how" more important than in the production of Opium Alkaloids and related products. Dr. Thomas Smith, one of the founders of T. & H. Smith Ltd., first investigated opium in the 1840's. His success in establishing production of morphine and its salts, together with technical progress since made by the company, particularly in the manufacture of special products for specific purposes, has made the word Opiates synonymous with the name Smith of Edinburgh.

APOMORPHINE HYDROCHLORIDE
 CODEINE ALKALOID
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 PAPAVERINE HYDROCHLORIDE
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FINE CHEMICALS
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ALCOHOL
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Improved New Formula

CALCIDRINE SYRUP

*As from May 1st the following
formula will be available . . .*

each 30 cc. (fl. oz.) of

CALCIDRINE SYRUP

represents

Dihydrocodeinone Bitartrate 10 mg. ($\frac{1}{6}$ gr.)

Nembutal Sodium (as Nembutal) . . . 25 mg. ($\frac{3}{8}$ gr.)

Ephedrine Hydrochloride 25 mg. ($\frac{3}{8}$ gr.)

Calcium iodide, anhydrous 910 mg. (14 grs.)

Alcohol 6%

★ SUPPLIED ONLY IN 4 FLUID OZ. BOTTLES

ABBOTT LABORATORIES PTY. LTD.-SYDNEY-N.S.W.

NEW SOUTH WALES

PERSONAL and GENERAL

State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in N.S.W. Phone BU 3092.

"Past experience should be a guide post, not a hitching post."
—D. W. Williams.

Mr. L. F. Shortis is in business at Condobolin.
Miss R. D. Swan has sold her pharmacy at Stanmore.
Mr. B. G. Brouggy has opened a pharmacy at North Turramurra.
Mr. E. J. Doran is in business at 420 Burwood road, Belmore.
Mr. M. E. G. Hammond has opened a pharmacy at Ungarie.
Mr. P. R. Kellerman has a pharmacy at 120 Yarrara road, Pennant Hills.
Mr. H. F. Rippon has the pharmacy at 100 Percival road, Stanmore.
Mr. A. R. Armstrong has a pharmacy at 307 Pacific Highway, Lindfield.
Mrs. J. Mangan has the pharmacy at 114 Stoney Creek road, Beverly Hills.
Mr. L. U. O'Connor has sold his pharmacy at South Strathfield.
Mr. D. G. C. Drummond-Forbes has sold his pharmacy at Toronto to Mr. I. Peterson.
Mr. R. D. Kirby has sold his pharmacy at Condobolin.
Mr. F. E. Westley has sold his pharmacy at Pennant Hills.

PHARMACY BALL, 1957

The 1957 Pharmacy Ball will be held at the Trocadero on Monday, August 12. Dancing 9 p.m. to 1 a.m. Tickets (£1/1/-) will be available soon from the Pharmaceutical Society's suite, "Science House."

PHARMACEUTICAL SOCIETY ANNUAL DINNER

The Society's annual dinner will be held in the Phillip Room, Adams Hotel, on Wednesday, June 12. Society members are invited to be present. Subscription £1/1/-.

FIRST YEAR APPRENTICESHIP LECTURES, 1957

The current series of lectures commenced in the Stawell Hall on May 28. A large number of apprentices enrolled for the Pharmaceutical Society's course.

D.H.A. PREMISES SOLD

D.H.A. (N.S.W.) Pty. Ltd. has sold its premises in O'Connell street, Sydney, to an insurance company for an amount in the region of £400,000. The present building will be demolished and extensive offices erected.

THE PERILOUS PILL

The Ethical Committee of the Pharmaceutical Society is investigating the matter of an education campaign urging the public to keep medicine in a safe place and away from children. Brightly coloured tablets attract the toddler. There is world concern about what has been termed the "perilous pill."

JOURNAL ADVERTISING REPRESENTATIVE

New Address in Sydney

Our New South Wales Advertising Representative (Mr. Edgar Smithers) moved into new offices on April 23. The address and phone number are:

48 Alfred Street,
MILSON'S POINT, N.S.W.
Telephone XB 7642.

The location is close to Milson's Point Station, which is the first one over the Harbour Bridge, and very handy to the city.

A great number of firms are moving across the harbour, and there are six advertising agents on the North Shore already.

LECTURE SERIES, 1957

The lectures arranged to date are as follows:—
Monday, May 27: Dr. S. E. Wright—"Pharmacy at Home and Abroad."
Monday, June 24.—Dr. V. J. Couch—"Hereditary Bases of Behaviour."
Monday, July 22.—Dr. E. T. Hilliard—"Tranquillising Drugs."
Monday, August 19.—Dr. George, Physicist—"Use of Radio Isotopes in Medicine."
Monday, September 23.—Dr. Clifton Walker—"Paediatrics"—with special reference to artificial feeding.
Lectures will be held in the Stawell Hall, Macquarie street, Sydney.

NATIONAL SERVICE TRAINING — PHARMACY APPRENTICES

The Pharmacy Board of N.S.W. advises that it has received reports that a number of apprentices and their employers hold the belief that time spent on National Service Training during the currency of an apprenticeship may be ignored by mutual agreement when the official termination date of the indentures is reached.

This is quite incorrect, since a whole period of three years must be served before the employer is able to sign one copy of the indentures in support of an application by the apprentice for registration.

As soon as advice of call-up is received by an apprentice he must apply to the Board for a Military Service Form, which is completed by the Defence Authorities in regard to entry and discharge from National Service training. Upon entry to camp, the indentures are deemed to be cancelled for the period of training, and time thus spent must be made up.

Any attempt by an apprentice or employer to secure registration before the legal period of three years has been served will be treated by the Board as a very serious matter.

MEDICAL PRACTITIONERS AMENDMENT BILL

Mr. Sheahan, Minister for Health, moved in the Legislative Assembly on March 27, that leave be given to bring in a Bill to make further provision for the issue to persons of licences to practise in one or more branches of medicine or surgery or both; to enable those persons and certain other persons to obtain registration as medical practitioners in certain events; for these and other purposes to amend the Medical Practitioners Act 1938-1956.

He said the objects of the Bill were to make further provisions in relation to the registration of persons holding qualifications obtained outside of New South Wales to practise in New South Wales. The measure pre-

NEW SOUTH WALES—Continued

scribed the powers and privileges of persons so licensed and would make further provisions in regard to the issue of certificates to regional registration.

The motion was agreed to and the Bill was presented and read the first time.

When the Bill was again before the House on April 3, the Minister said the N.S.W. Government would not proceed with the Bill. He proposed to come back to the House with a new Bill because the Medical Board had made representations to the Under Secretary of the Health Department on matters of policy.

THE ANNUAL REPORT OF THE PHARMACY BOARD

The Annual Report of the Pharmacy Board of New South Wales for the year ended December 31, 1956, has been issued and contains statistical information of interest.

During the year 44 prosecutions were undertaken, comprising 37 under the Pharmacy Act and seven for breaches of the Poisons Act and Regulations. Details are not given.

Commenting on the Pharmacy Amendment Act 1952, the report states that the new three-year full-time course has not been implemented, but advice was received that construction of the new chemistry building had been commenced and that the first wing of this should be available in January, 1958. In the meantime additional accommodation for pharmacy students has been promised in the part of the old chemistry building which the Chemistry School will vacate. It is proposed also to make temporary use of the laboratory of the Biochemistry Department to cater for the increased number of pharmacy students.

A total of 294 new apprenticeships were commenced during 1956. This being somewhat smaller than the number in previous years.

It is noted that it is becoming more difficult each year for country chemists to find vacancies to which their apprentices may be transferred.

Figures showing examination entries for the Final Qualifying Examination disclose that of a total of 734 entries 332 candidates passed.

The poisoning statistics given show that there were 49 deaths recorded from Barbiturates and other drugs available only on prescription and 26 deaths from poisoning by substances and preparations used for agricultural purposes, or fumigants. Almost half of the deaths resulted from the use of Barbiturates.

POLICE OFFENCES (AMENDMENT) ACT, 1908, AS AMENDED PROCLAMATION

By request of the Under Secretary the following copy of a Proclamation, which it is proposed to Gazette on July 26, 1957, is published for information:—

J. NORTHCOTT,
GOVERNOR.

I, Sir John Northcott, Knight Commander of the Most Distinguished Order of Saint Michael and Saint George, Knight Commander of the Royal Victorian Order, Companion of the Most Honourable Order of the Bath, Lieutenant-General on the Retired List of the Australian Military Forces, Governor of the State of New South Wales and its Dependencies in the Commonwealth of Australia, with the advice of the Executive Council, do, by this my Proclamation, declare that Part VI of the Police Offences (Amendment) Act, 1908, as amended, shall apply to:—

- (i) Diethylthiambutene (3-diethylamino-1, 1-di-(2'-Thienyl)-1-butene), its salts and any preparation, admixture, extract or other substance containing not less than one-fifth per centum of diethylthiambutene.
- (ii) 1, 3-dimethyl-4-phenyl-4-propionoxyhexamethylene-

neimine, its salts and any preparation, admixture, extract or other substance containing not less than one-fifth per centum of 1, 3-dimethyl-4-phenyl-4-propionoxyhexamethyleneimine.

- (iii) 3-hydroxy-N-phenethylmorphinan, its salts and any preparation, admixture, extract or other substance containing not less than one-fifth per centum of 3-hydroxy-N-phenethylmorphinan.
- (iv) 4-Morpholino-2, 2-diphenylethylbutyrate, its salts and any preparation, admixture, extract or other substance containing not less than one-fifth per centum of 4-morpholino-2, 2-diphenylethylbutyrate;

in the same manner as it applies to the drugs mentioned in paragraph (a) of subsection (2) of section 18 of the said Act.

SIGNED and SEALED at Sydney this eighth day of May one thousand nine hundred and fiftyseven.

By His Excellency's Command.

C. A. KELLY.

GOD SAVE THE QUEEN!

OBITUARY

David John Williams—Father of P.A.T.A. in Australia

The only breach in the austerity of the office of the P.A.T.A. of N.S.W. is a simple portrait, signed David J. Williams. In this gesture by the Association is to be seen a tacit acknowledgment of what "D.J." (as we all knew him) was proud to claim: that he was "the father" of the P.A.T.A. in Australia.

The death of David John Williams, in his 90th year, occurred on April 17, and by his own wish his cremation was private.

His work on the business side of pharmacy, around the beginning of the century, has borne tremendous fruits, but is known or remembered by few of the present day, for few of his contemporaries survive.

This is a fitting occasion to make mention, though brief, of a man's deeds that have had enduring effects on pharmacy, quite beyond estimation.

At the time spoken of, Williams's pharmacy was at George street west, Sydney; it was of a type greatly affected by the harsh conditions of the day. Fixed prices for proprietary articles were unknown and unthought of. Except for a very few locally-produced lines, "patent" medicines, etc., were indented, not only by wholesalers, but also by the department stores. These latter retailers were thus on about the same cost basis as the wholesalers and, when reselling at the chemist's wholesale price or less—delivered free anywhere—could still gain a respectable gross profit. Hence, the struggling chemist was better off (i.e., lost less) buying from the stores for cash at their retail price—rather than from wholesalers at their price—and reselling without addition such bugbear lines as Pears' Soap, Cuticura Soap and many other lines.

To ameliorate this intolerable situation, D. J. Williams organised a group of fellow chemists, acted as buyer and indenter, warehouseman (at his pharmacy) and distributor. In doing this he suffered many headaches. This buying group was the precursor in later years of the Chemists' Co-operative Company, which, still later, blossomed into the present Wholesale Drug Co. Ltd.

"Group buying," however, was not the answer to the problem and, following the birth of the P.A.T.A. in Britain, about 1896, several proposals to bring about fixed prices for proprietary medicines were made and discarded. No one was more active in these endeavours than D. J. Williams. The conditions of pharmaceutical trading were vastly different in Australia from those in Britain; moreover, strange as it may now seem, there was both open and concealed opposition to attempts to make a change. However, D. J. Williams, C. A. Marshall and S. N. Mears prevailed upon the Council of the Pharmaceutical Society to call a general meeting of chemists to consider Williams's proposal to form an

IN 1839

In 1839, the adjoining advertisement appeared in "The Port Phillip Gazette" on behalf of Dr. Barry Cotter—a surgeon and druggist, a purveyor of groceries and chemicals. Where his shop once stood, on the corner of Collins and Queen Streets, in Melbourne, is now the E. S. and A. Bank.

Toothbrushes were undoubtedly in his stocks, in fact ADDIS toothbrushes certainly would have been there as they had already been coming into Australia for over 30 years.

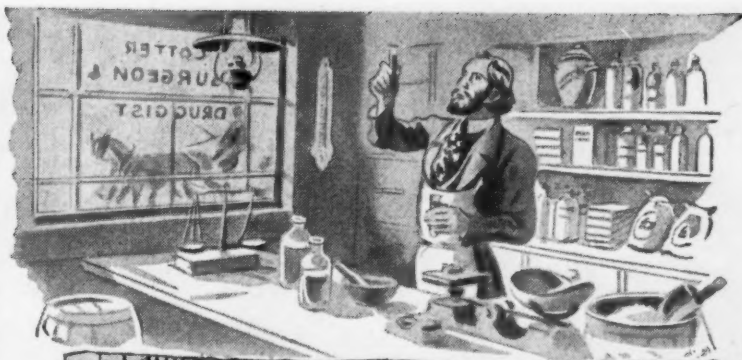


ADDIS belongs to the very start of Australian history.

ADDIS made the world's first toothbrush in 1780, and continues to be first to introduce new developments in toothbrush design. Many improvements come direct from the findings of dental health authorities. Our factory—the most modern in Australia—will produce for this market quality toothbrushes at competitive prices. Now, let's get together on our histories. We're looking for the

OLDEST CHEMIST SHOP

in each State. When was yours first established? Regardless of whether it was registered under a different name, if your chemist shop goes back over 50 years ago, we'd like to hear about it. The proprietor of the oldest chemist shop in each State will be given an all-expenses-paid visit to Sydney for one week during which he may inspect the new ADDIS factory . . . and a thoroughly enjoyable time is assured. (An interstate trip will be arranged for the proprietor of



Pier and Chimney Glasses, &c.

ON SALE

BY THE UNDERSIGNED,

SAGO, Arrowroot, Tapioca, Pearl Barley, Lemon Syrup, Candied Lemon, Orange, and Citron Peel; also, Mercurial Ointment, Corrosive Sublimate, Sulphur, Sal Ammoniac, Bluestone, Spirits of Tar, Turpentine, &c.

B. COTTER,
Surgeon and Druggist.

FOR SALE,

W. LOSS of LOAF SUGAR

the oldest chemist shop in New South Wales.) Send your name, the name of your shop, some evidence of the shop's beginning, and your address before 31 July next, to: ADDIS (Australia) Ltd., Box 8, P.O., Ryde, N.S.W.

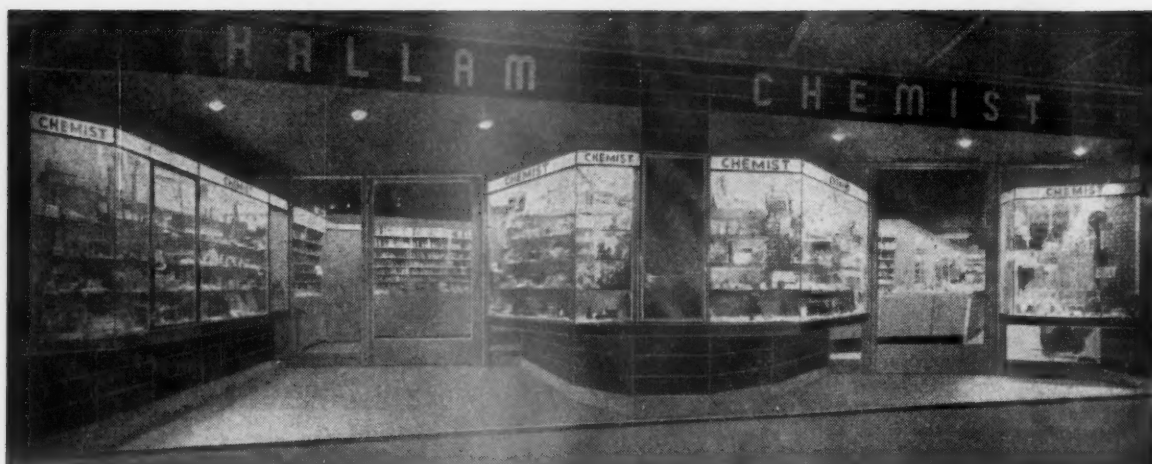
In the meanwhile, when you recommend WISDOM toothbrushes to your customers, you are carrying on a tradition 177 years in the making . . . and your customers are buying a product they can trust . . . made by a name they know.

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... best since

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A Prescription for Profitable Pharmacies

Yes, Bray & Holliday have a prescription for the planning and fitting out of profit-making pharmacies -- a prescription that contains a rare combination of ingredients.

First, a background of experience of nearly half a century of fine store fitting.

Second, the *specialised* knowledge gained in the storefitting of many of Sydney's leading city and suburban pharmacies.

Third, a progressive outlook that enables planning for the needs of tomorrow—that keeps the pharmacies designed today modern for years to come.

These are some of the ingredients of the Bray & Holliday prescription—and also some of the reasons why the modernisation of the

Hallam chain of pharmacies over a period of years has been entrusted to them.

The illustration shows portion of the front of the big Hallam branch at Hornsby—one of Sydney's most outstanding pharmacies in both size and design.

If you plan to modernise your pharmacy, either partly or completely, confer with Bray & Holliday. Their specialised knowledge will certainly help you to get best results from every pound you invest.

BRAY & HOLLIDAY PTY. LTD.

Enquiries are invited from chemists in New South Wales. Transportation costs prevent our carrying out modernisation of pharmacies in other States.

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NEW SOUTH WALES—Continued

Association to deal with prices. This momentous meeting at the Protestant Hall, Castlereagh street, Sydney, was held on July 9, 1903. The result was the formation of the "Anti-Cutting Association of N.S.W.," a little later changed in title to the "P.A.T.A. of Australia."

That, however, was but the first step on a rocky and hazardous path, which was trodden successfully only after many trials, frustrations and disappointments. In those long-past struggles no one was more tenacious and diligent in the cause than D. J. Williams. He deserves well of the present generation as well as of the past.—H.D.B.C.

DINNER TO MEET PROFESSOR J. M. ROBSON

On April 23, in the George Room, Adams Hotel, Pitt street, Sydney, a dinner was held to meet Professor J. M. Robson, M.D., D.Sc., F.R.S.E., 1957 visiting Professor of Pharmacology. The function was organised by the Pharmaceutical Society of N.S.W.

After the Loyal Toast had been honoured, the President, Mr. Ken Powell, said he had very great pleasure in welcoming on behalf of Pharmacy Professor Robson.

He looked forward to hearing the Professor's lecture on the following night, entitled "Absorption and Fate of Drugs in the Body," to be delivered in the Barn Lecture Theatre, University of Sydney. He had heard of the Professor's attributes from Professor Thorp and Dr. Wright.

"I trust your sojourn in Australia will be a very pleasant one and that your lecture tour will not be too binding. Twelve thousand miles to freedom."

Turning to Professor Thorp, Mr. Powell said, "To you we extend a warm welcome. I hope that we have many such evenings in the future. I believe that formal speeches ruin a good dinner, therefore I will conclude by saying how happy we are to have you both with us tonight."

The toast was then drunk to Professors Robson and Thorp.

Responding, Professor Robson said he called to mind a story of a patient who consulted a doctor, and the doctor said, "I think you are pregnant." "Oh," said the patient, "how will you find out?" "Well," said the doctor, "we will take a sample of your urine, inject it into a mouse, and after seven days we will kill and look at it." "Oh," said the patient, "As I asked a silly question, I might have expected a silly answer."



TO MEET PROFESSOR ROBSON

From top (l. to r.): Mr. John Plunkett, Mr. Aub. Winterton (Vice-President), Professor Robson, Mr. Ken Powell (President), Professor Thorp, Mr. Brian Fegent, Miss Mavis Sweeney, Mr. Ted Hall, Mr. Warwick Read, Dr. S. E. Wright, Mr. Bert Cutler, Mr. G. Benjamin, Mr. Alan Conolly, Mr. Ken Cartwright.

NEW SOUTH WALES—Continued

Professor Robson said that during the last 20 or 30 years pharmacy had greatly developed; its scope had widened tremendously, and with the daily development of new drugs and improved methods of administration the pharmacist must have a very good training in the toxic effects of the newer products. Overdoses could be fatal in many cases, and the pharmacist must be on his guard. Pharmacists should know the toxic effect of drugs and the antidotes in emergency.

Professor Robson said he had not been fully reported in his remarks on tranquilisers. There were a number of preparations, and their effects were not well known. There was a moral responsibility on the pharmacist to prevent self-medication.

A toast was then drunk to the Pharmaceutical Society of N.S.W.

Professor Thorp said that Professor Robson would think Australia is rather a strange country. He added, "but when we gather together there is often a degree of informality. Since I came here I have been very impressed with the Pharmaceutical Society of N.S.W. Today we have so many new drugs the pharmacist has a real role to play. Professor Robson will deliver a lecture specially for members of the Pharmaceutical Society tomorrow night. I would say to Professor Robson that tonight's hospitality is not unique; he will experience it wherever he goes throughout Australia. Thank you very much for asking me here tonight."

Mr. Powell said that Professor Robson would answer questions posed informally.

A number of questions were then addressed to the Professor, and the function came to an end.

PRESENTATION OF DIPLOMAS TO PHARMACY GRADUATES

At a dignified ceremony held in the Stawell Hall of the Royal Australasian College of Physicians on May 2, recent pharmacy graduates were presented with their registration certificates by the Hon. J. B. Simpson, M.L.A., representing the Minister for Health.

The President of the Pharmaceutical Society of New South Wales, Mr. K. H. Powell, opened proceedings by introducing to the large audience the Hon. J. B. Simpson, also Mr. G. R. Cameron, Under-Secretary, Department of Health; Mr. P. E. Cosgrave, Registrar, Pharmacy Board of New South Wales; and Mr. A. E. Conolly (Secretary).

Mr. Powell referred to the presence in the audience of Professor R. H. Thorp, Director of Pharmaceutical Studies in the University of Sydney; Dr. S. E. Wright, Associate Professor in Pharmacy; and also Mr. H. W. Read, representing the Board of Examiners.

Apologies were received from Mr. J. L. Townley, President of the Pharmacy Board, who conveyed to graduates through Mr. Powell best wishes for their future careers in pharmacy. The acting Chairman of the Pharmacy Board, Mr. L. W. Smith, sent his apologies, being absent in the Dominion of New Zealand. Miss D. K. Large and Mr. K. E. Thomas, examiners, expressed their regrets at their inability to attend the function.

Mr. Powell Opens the Proceedings

Addressing the graduates, Mr. Powell said: "I congratulate you on behalf of the Pharmaceutical Society of New South Wales, and welcome you as registered pharmacists to our ranks. I also throw open to you membership of the Society."

"Without attempting to lecture you, I say that you owe a debt to each of three persons. Your parents, who have made possible your attendance at the University. It was a big

thing for them to shoulder this responsibility. To your recent masters, who took you as an apprentice without any knowledge of your capabilities at the time. To those patient people who during the last two years have been your guides at the University. By your presence here it is clear they have done an excellent job.

"As registered pharmacists you can go out into the world with the standing of being professionally qualified. Pharmacy in the future passes into your hands. You are the pharmacists of the future, so whether you feel that certain laws are just or correct the point is they are there; it is up to you to act always within the law.

"On behalf of the Society Council I extend to you all congratulations and best wishes for your future career in your chosen profession.

"I now ask the Hon. J. B. Simpson to address you and to present diplomas to graduates."

Speech by the Minister

The Hon. J. B. Simpson: "I am very proud to attend this function tonight and to deputise for my colleague, the Minister for Health (Mr. Sheahan), who, due to a rearrangement of Cabinet had another urgent commitment for tonight.

"I congratulate the young men and women here tonight upon the completion of their studies. I understand that when the degree course commences at the University this function will take place within the University. The 1952 amendment to the Pharmacy Act provides for an extended course.

"I would like to thank the President and Councilors of the Pharmaceutical Society of New South Wales for giving me this opportunity of presenting these coveted Certificates of Registration.

"It is good to see such close liaison between the organisers of tonight's ceremony—the Board and the Society. While the Pharmacy Board is the body responsible for the training and registration of chemists, the Pharmaceutical Society of New South Wales has always taken a keen interest in the welfare of pharmacy students, and has for many years provided the lectures and facilities for a voluntary course of First Year Lectures.

"The success of these lectures is evidenced by the large numbers of apprentices who attend them and the interest shown in them by country students.

"It seems fitting, therefore, that for the purpose of tonight's gathering the Board and the Society have united in congratulating our new pharmaceutical



The Hon. J. B. Simpson, M.L.A., presents diploma to a graduand, while Councillor Ken Powell (President, Pharmaceutical Society) looks on.

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NEW SOUTH WALES—(Continued)

chemists, who have completed a course of training at a high standard.

"Tonight's ceremony is the culmination of three to four years of intensive study and practical tuition done in conjunction with an apprenticeship term in a retail pharmacy. No doubt many of you despaired of ever reaching the stage of registration, but now that you have made the grade and have entered the ranks of practising pharmacists you will realise the necessity for such an arduous course. The introduction of new drugs and new dispensing techniques makes the passing of the Qualifying Examination more and more important. Those of us who are not chemists will join with me in congratulating our graduates on their success.

"I ask all the new pharmacists to remember that they are now members of an honourable calling and are assuming a responsibility to the public which demands exacting standards of efficiency and conduct.

"To be a successful pharmacist you must keep pace with changing conditions, and you will soon realise that your education has just begun. The rewards will be many, but it is my duty to warn you that registration carries with it professional and legal obligations which must be observed. It is imperative that newcomers maintain the high standards of professional conduct now observed by their fellow-chemists.

"Take an interest in your official organisations—the Board, the Society and the Guild. Never stoop to practices which may reflect on the good name which pharmacy has in the minds of the public.

"The Pharmacy Act and the Poisons Act were designed for the protection of the public, and it is to the public and to the interests of public health that you owe your allegiance.

"Pharmacy in its own sphere is as important as any other profession. Make yourselves familiar with the Acts and Regulations which govern you, so that the Board may never have occasion to question your actions.

"Later on you may visit any or all of the countries with which the Board has arrangements for reciprocal recognition of qualifications. These countries comprise all the Australian States and New Zealand, Great Britain, Northern Ireland, and to a limited extent Ontario Province, Canada. Your qualifications will be accepted in those places without hesitation, and you will be able to work there and to see some of the world.

"As most of you are aware, the Pharmacy Act was amended in 1952 to abolish the apprenticeship system and to institute a three-year full-time University course of degree status, followed by 12 months' service as an assistant in an open shop.

"Unfortunately this new arrangement has not been brought into effect owing to the difficulty of providing the necessary staff and accommodation at the Sydney University. The Government has given the University half a million pounds to implement the scheme, and plans for providing the facilities required are well in hand. In the meantime, the Pharmacy Department at the University is doing a magnificent job in training the hundreds of students who have entered the pharmacy course.

"We are indeed indebted to Professor R. Thorp, Professor S. Wright, Miss D. Large and the other members of the Pharmacy Department staff at the University, who work untiringly under adverse conditions.

"Might I say that I think the holding of a ceremony such as this is a very good idea, since it enables the leaders of your profession to welcome officially its new members, and to convey to them the best wishes of all the various official bodies of pharmacy.

"The pharmacist occupies a most responsible position in our society, especially in the outer country

areas, where people come to him for advice and assistance. Where I live in the coalfields, people come to the chemist for friendly advice—and free advice. (Laughter.)

"There is a particular affinity between the public and the pharmacist, which places him in a relationship of particular responsibility in the community.

"Some years ago a big firm proposed to open company pharmacies in N.S.W. The opinion was expressed that their presence would not be in the best interests of the community, because the man in his own shop performs a personal and friendly service to our citizens which would be absent in the cold, commercial outlook of the company pharmacy.

"Many of the newer drugs are of great potency, and you must all exercise the greatest care in their dispensing, but with all the people who go to chemists there are very few mistakes.

"I know you will carry on with the highest standards. I congratulate you on behalf of Mr. Sheahan. I congratulate you myself, and hope that you will reap great happiness as the reward of public service."

The Presentation

Mr. Simpson then presented certificates to Alafaci, Rocco; Barker, Robert Kevin; Barnes, Annette Evelyn; Brown-Parker, Rosemary; Cameron, Ross McArthur; Cherny, Manfred; Daley, Patrick Joseph; Eckert, James Martin; Ferguson, John Newton; Fowler, Elizabeth Ann; Giuffre, Robert Anthony; Grunseit, Betty Brunhilda; Hayne, Clarrie; Healey, Paul Frederick; Jones, Glenda; Kavanagh, John Douglas; Kerr, Margaret Reid; Langham, Richard James; McGrath, Eileen Elizabeth; McLachlan, Jennifer Doris; Macarounas, Emanuel Themelis; Marshall, Robert Francis; Meyer, Christiane Barbara; Mobbs, Lynette; Natoli, Ronald Francis; Oates, Ronald William; O'Connor, Terence Francis; O'Dell, Howard Arnold; O'Grady, Philip Michael; O'Meara, D'Arcy John; Opit, Jules; Puglisi, Ross; Quilkey, John Neil; Reed, Graham Edward; Rosewell, Albert Henry; Ross, Ian Campbell; St. Clair, Uther Marks; Sanson, Gordon; Storer, Betty Joan; Tarlinton, Philip Adrian; Taylor, Allan Russell; Turner, Ian James; Ward, Patricia Ann; Zarins, Olgerts Jekabs; Zietsch, Alan John.

Vote of Thanks

Mr. Powell then called on the Vice-President of the Society, Mr. A. F. Winterton, to move a vote of thanks to the Minister.

Mr. Winterton said: "It is my privilege to move a vote of thanks to Mr. Simpson for coming along to address us and also present certificates to graduates. His address was really excellent, and he has given our fledglings some very good advice."

The vote of thanks was carried by acclamation.

Responding, Mr. Simpson said: "Thank you very much for the vote of thanks; after all, I am merely carrying out my duty. I would like to say that you have a splendid organisation in the Pharmaceutical Society, which does all it can to encourage the young pharmacist. I would say that our Department of Health does a marvellous job. I know that this Department is always prepared to extend a helping hand. Again I congratulate you on your success."

After the conclusion of the ceremony, Mr. and Mrs. Powell entertained the official party at supper at Usher's Hotel.

PHARMACY BOARD

Monthly Meeting

The Pharmacy Board of New South Wales met at 52 Bridge street, Sydney, on May 14, at 8 p.m.

Present.—Mr. C. Gostelow (Chairman), Messrs. L. W. Smith, G. Harman, K. Cartwright, G. Simpson, E. Dempster and Professor Wright.

Poisons Lists.—The Registrar informed the Board of

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NEW SOUTH WALES—Continued

action taken by the Department to regularise the Gazettal of the Poisons Lists.

Degree Course—Implementation.—A letter from the Pharmaceutical Society informing the Board that a deputation to the Vice-Chancellor would probably be arranged at the end of May was received.

Transfer of Country Apprentices.—The Registrar informed the Board that he had attended a conference of interested bodies in an endeavour to find a way of placing country apprentices on transfer. Apart from a campaign to impress upon country chemists the necessity for making prior arrangements for transfers, no other action was suggested.

Applications for Registration were approved as follows:—

(a) Having passed Qualifying Examination: Rex Adrian Chidley, Malcolm Francis Yee, Maureen Jane Carty, Alan John Papps, Joan Margaret Rogers.

(b) By Reciprocal Agreement: Harry Roach Goodson, Clem Desmond Meissner (from Queensland), Ian Thomas Francis Fitzgerald (from South Australia) and Elizabeth Mary Orr (from Victoria).

Name Restored to Register.—Albert Edward Dawe.

Foreign Chemist.—Albert Danon, from Egypt. Application referred to the Sub-Committee on foreign chemists for consideration and report.

Certificates of Identity were issued to the following:—Aline Driscoll (to Western Australia), Catherine Blackman (to Western Australia), John Neate (to New Zealand), Reginald Maher (to Ontario, Canada), Henry Wallace (to Queensland), Cecily Gilroy (to Great Britain).

Poisons Act.—Deaths from the poisons indicated were notified since last meeting: Quinine 1, Carbromal 3, Lysol 1, Arsenic 2, Carbrital 1, Barbiturates 2, Lead Poisoning (paint) 1.

Leaving Certificates Accepted.—4.

Apprenticeship Indentures.—Registrations comprised 12 new indentures, 14 transfers, 6 cancellations and 2 resumptions.

Correspondence.—Acting Director General of Health, Canberra, forwarding Uniform Poisons Schedules. Schedules received. Additional copies were to be sought.

Pharmaceutical Society of N.S.W., re degree course in pharmacy. Letter received.

Educational Investigation Committee, Pharmaceutical Society of Western Australia, requesting details of Pharmacy Education in N.S.W. This matter was left in the hands of the Registrar.

Agent General, re John Rutherford Hill. Report to be filed.

Under Secretary, re Amendment to the Act. The Board noted that a list of names and addresses would now be published annually instead of the usual Register.

Meeting closed at 10.30 p.m.

PHARMACEUTICAL SOCIETY

*Council
Meeting*

The Council of the Pharmaceutical Society of New South Wales met at "Science House," 157 Gloucester street, Sydney, on May 6, at 7.45 p.m.

Present.—Councillors K. H. Powell, E. G. Hall, K. A. Cartwright, S. E. Wright, Mavis Sweeney, H. W. Read, B. G. Fegent, A. F. Winterton, W. R. Cutler and G. C. Benjamin.

University Accommodation: Deputation to Professor Roberts.—Mr. Powell said that the Pharmacy Board had appointed Dr. Wright and Mr. C. G. Gostelow as members of the Deputation to the Vice-Chancellor, with the Registrar as observer. The Society had sent a letter to the University seeking Professor Roberts' permission to bring the Deputation before him, but no reply had yet been received. The Vice-Chancellor's secretary intimated per telephone that a date had not yet been fixed.

It was mentioned that high schools should be warned of the impending cessation of apprenticeship when the appropriate stage had been reached.

The President, Vice-President and Secretary were appointed as the Society's representatives on the Deputation.

Presentation of Registration Certificates.—Mr. Powell said that the Minister for Health could not attend to present the Certificates, and his place had been taken by the Hon. J. B. Simpson, M.L.A., Minister without portfolio. Councillor Wright said the function had been conducted with due decorum and dignity.

Lecture by Professor Robson.—Mr. Powell said that 600 persons or more heard the lecture. It was pleasing to see so many pharmacists present.

Annual Dinner 1957.—To be held in the Phillip Room, Adams Hotel, on Wednesday, June 12. Mr. Powell said a booking could not be arranged for June 10.

Pharmacy Ball 1957.—Trocadero, Monday, August 12. Tickets were fixed at £1/1/-. Ball to be from 9 p.m. to 1 a.m. Deposit of £25 to be sent to the Trocadero. Stage to be decorated.

Metropolitan and Country Zone Secretaries Proposed Monthly News Letter.—Mr. Fegent said it had been pointed out that secretaries of zones received queries which they could not answer. If they got a letter each month giving information on current matters, they would be in a position to enter fully into the affairs of organised pharmacy, and it would also keep them keen on their job.

After further discussion, it was decided that the Society should make available a representative to sit with the Guild Committee, chaired by Mr. Young, to assist in keeping the zones together.

The Vice-President was appointed as representative.

Country Visits 1957.—The programme provided for visits to Goulburn on May 12 and to Katoomba on May 21.

Lecture Series 1957.—Mr. Powell said that Dr. Wright would take the first lecture, entitled "Pharmacy at Home and Abroad," on May 27. Mention had been made of the lecture at Professor Robson's lecture and also at the Presentation of Certificates. Publicity had also appeared in the Bulletin. It was decided to ask Stawell Hall to provide a projector.

Dealing with the lecture to be given on Monday, June 24, by Dr. V. J. Couch, it was stated that Dr. Couch desired to alter his lecture from "Intelligence Testing" to "Hereditary Bases of Behaviour." The Women Pharmacists had objected to "Intelligence Testing," as they were to have the identical lecture in August.

Councillor Sweeney said that the Women Pharmaceutical Chemists had approached Dr. Couch last year to give a lecture in April. However, he contracted asthma, and would give the lecture in August. It would be an open meeting.

It was finally decided to ask Dr. Couch to change his lecture to "Hereditary Bases of Behaviour."

It was decided to request Dr. George to present a lecture on August 19 on the subject of use of Radio Isotopes in Medicine.

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NEW SOUTH WALES—Continued

It was further decided to ask Dr. Clifton Walker to give a lecture on "Paediatrics" on September 23.

Mr. Powell referred to a proposal for a series of three lectures to be delivered by experts on merchandising.

Mr. Cartwright suggested that Mr. Powell should look into this suggestion.

It was decided to make two further reservations at the Stawell Hall. (Monday, October 21, and Monday, November 11, booked.)

First Year Apprenticeship Lectures 1957.—Mr. Hall said the first lecture would be given in the Stawell Hall on May 28. At the first lecture there was waste of time while a lot of people talked.

Mr. Hall suggested the President of the Society give a short address, to be followed by the Secretary informing students of the different organisations in pharmacy. This was agreed to. Mr. Hall said that Mr. Cliff Gostelow would commence the lecture series.

News Sheet.—Mr. Fegent said the proofs had been returned. It was decided to call a meeting of the Editorial Committee to discuss the News Sheet further.

Standardisation of Size of Tablets.—Letters had been received from the Pharmaceutical Society of Victoria and the Pharmaceutical Society of Queensland on this topic.

Correspondence.—Department of Education, acknowledging letter regarding sale to school children of Pot. Chlorate and Sulphuric Acid.

Mr. Phil O'Grady, S.U.P.A., forwarding letter of self introduction as President of the S.U.P.A., trusting "that the Society and S.U.P.A. will co-operate with each other this year as well or if not better than in the past." Received.

Mr. R. E. Gostelow, General Manager, The Wholesale Drug Co. Ltd., forwarding booklet prepared for distribution among members of the drug trade so they may be more fully aware of the composition of the A.D.C.A. Received.

Pharmacy Board of N.S.W., re implementation of degree course. Advising the Board decided to support the Society by appointing Dr. Wright and Mr. Gostelow as member of the Deputation to the Vice-Chancellor with the Registrar as observer.

To University of Sydney, seeking a Deputation to the Vice-Chancellor regarding implementation of the degree course in pharmacy.

To Minister for Health, pointing out that the retention of the Barbiturates under the P.O.A.D. Act prevents the co-ordination of telephone and aeroplane for prompt delivery of such drugs far into country areas.

From a member, drawing attention to a mistake in the formula for Mist. Diaphoretica RPAH. On page 37 of the 1949 Pharmacopoeia, instead of Liq. Ammon Acet for one of the ingredients there appears Liq. Alum. Acet.

Mr. W. P. MacCallum, Hon. Treasurer Stawell Hall, notifying increase in fees for hire of the Stawell Hall, operative from 1/5/57.

Minister for Health, acknowledging letter concerning proposed transfer of control of the Barbiturates.

Miss Robyn Baird, Hon. Secretary S.U.P.A., enclosing list of office-bearers for 1957, also annual report. Mr. Benjamin suggested that the Hon. Secretary of the S.U.P.A. should be requested to notify the Society when the annual meeting is to take place in future. (It was mentioned that a life member and an honorary member had not been notified of the annual meeting.)

New Members Elected.—Annette Evelyn Barnes, William Harold Sydney Blake, Rodney Stewart Cottrell, John Newton Ferguson, Mrs. Betty Brunhilda Grunseit, Clarrie Hayne, Gerald Michael Holder, Ronald Graham Holloway, Philip Rafael Kellerman, Margaret Reid Kerr, Richard James Langham, Kevin Edmund Joseph Lawler, John Brian Mealey, Christiane Barbara Meyer, Ella Henrietta Peace Middleton, Lynette Mobbs, John Edmund Mueller, Philip Michael O'Grady, Jules Opit, Alan John Papps, Janet Edna Gelling Paviour, Colin Llewellyn Charles Powell, John Neil Quilkey, Dorothy Merle Smith, Anthony Leo Spies, Uther Marks St. Clair, Philip Adrian Tarlington, Ian James Turner, David John Varley, Patricia Ann Ward and Malcolm Francis Yee.

Advanced to Full Membership.—Ross McArthur Cameron, John Roland Harris, Janice Helen Hartigan, Bruce James Johnson, Emanuel Themelis Macarounas, John Joseph Malouf, Ronald Francis Natoli, Warren John Pereira, Helen Platt, Raimonde Margaret Reilly, Joan Margaret Rogers, Gordon Sanson, Allan Russell Taylor and Kay Elizabeth Walton.

Associate Members.—Margaret Frances Maher, William Edwin Reece McKenna, Brian John Peters, John F. Ryan and Yvonne Frances Smith.

General Business.—Mr. Winterton said the Society should foster a campaign to educate the public to keep medicine in a safe place and away from children.

Dr. Wright said the matter had previously come up in conjunction with discussion on the colouring of tablets. The manufacturers had agreed to promote a campaign, but nothing further had been heard of it.

The following publicity media were suggested:—Newspaper, messages on franking stamps, discussion by Medico-Pharmaceutical Liaison Committee, radio and TV.

It was resolved that the matter be referred to the Ethical Committee to formulate a policy and report back to Council.

The meeting terminated at 11 p.m.

THE GUILD

S.B.C.
Meeting

The State Branch Committee of the New South Wales Branch of the Guild met at Science House, 157 Gloucester street, Sydney, on May 9, at 8 p.m.

Present.—Messrs. L. W. Smith (Chairman), K. Jordan, R. S. Leece, W. G. Sapsford, K. A. Cartwright, C. D. Bradford, P. R. Lipman, R. L. Frew and K. E. Thomas.

Meeting of Federal Executive.—Mr. Smith said he would be attending a meeting of the Federal Executive in Melbourne later in the month.

Ipana.—The result of the vote upon reduction of the radius to five miles would not be known until after the end of May.

New Members Elected.—Edward John Doran, Belmore; Mervyn Ernest George Hammond, Ungarie; Philip Rafael Kellerman, Pennant Hills; A. R. Armstrong, Lindfield; and Mrs. J. Mangan, Beverly Hills.

Reinstatements.—H. F. Ribbon, Stanmore, and Leo Francis Shortis, Condobolin.

Special Meeting of State Branch Committee.—It was decided to hold a special meeting of the State Branch Committee on May 14, at 9.30 a.m.

The meeting terminated at 11 p.m.

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PERSONAL and GENERAL

State News

Members in Victoria desiring publication of personal items of interest are invited to write or telephone details to the Editor (FJ5161).

Miss A. Dixon has been appointed manager of Beacham's Pharmacy, Spencer street, Melbourne.

The pharmacy of late B. P. Dartnell, of South Melbourne, has been purchased by Mr. H. Maddron Shepherd.

Mr. A. Kranitz has opened The Corner Pharmacy, 100 Barkly street, St. Kilda, where Mr. Z. J. Golding will act as manager.

Mr. J. B. Gough has opened a pharmacy at Eaglemont. Mr. A. J. Rainey will be in charge of Mr. Gough's pharmacy.

Dispensary Closed.—The Footscray U.F.S. Medical Association and Dispensary has closed the branch at 293 Geelong road, Kingsville.

Mrs. P. E. Tweedley (nee Barrow) advises having terminated her position as manager U.F.S. Dispensary, Footscray.

Mr. and Mrs. A. A. Mayhew have purchased the pharmacy of Mr. V. G. Morieson, Jnr., at 743B Gilbert road, West Preston.

Mr. A. R. Salamy, who has been in business at East Geelong for a number of years, will open a new pharmacy at 153 Little Malop street, Geelong, about June 6.

Mr. R. S. Anderson, pharmaceutical chemist, 342 Chapel street, Prahran, has been appointed a Commissioner for taking Affidavits under the Evidence Act 1928. We offer our congratulations.

Mr. R. T. Stuart has been appointed manager of Bannon's Pharmacy, Footscray, in place of Mr. I. M. Foyster, who has opened a pharmacy at West Heidelberg.

MANAGERS AND RELIEVERS: MAY LIST

Reliever	Pharmacy
Abson, Miss V. M. . .	Mr. W. M. Keily, Seddon
	Mr. V. J. Archdeacon, Clifton Hill
Anderson, Mr. S. . . .	Mr. J. F. White, Rushworth
Arnall, Mr. B. M. . . .	Mr. H. Synman, Melbourne
Ball, Mr. P. G.	Mr. E. G. Wilson, Wangaratta
Barrow, Mr. J. K. . . .	Mr. L. Levy, St. Kilda
Bendel, Mr. A.	Mr. L. G. Rowbottom, Newport
Bigelow, Mr. L. C. . . .	Mr. V. J. Gild, Melbourne
Beovich, Mr. J.	Mr. K. J. Shoebridge, Mt. Beauty
	Mr. R. Y. Whalley, Melbourne
Beyer, Mr. T.	Spencer's Pharmacy, Hampton
Bingeman, Mr. G. A. . .	Estate A. Dorman, Richmond
	Mr. R. Frazer, Altona
	Mr. K. E. Murphy, Woodend
Black, Mr. A. D.	Mr. F. W. Johnson, Northcote
	Mr. A. H. Mansell, Glenferrie
	Mr. V. D. Preston, Thomast'n
	Mr. A. W. Cocking, Blackburn
Bray, Mr. I. A.	U.F.S. Dispensary, Fairfield
Bristow, Mr. H. J. . . .	Mr. S. F. Byrnes, Preston
Carter, Mr. G. H.	Mr. J. F. Oaten, Preston
Collett, Mr. W.	Estate late A. Dorman, Rich'd
Crawford, Mr. W. . . .	Mr. E. H. Thomas, Carnegie
Davis, Mr. J.	Mr. W. J. A. Macmillan, Elsternwick
Doquile, Mr. V.	Mr. L. W. Read, Eildon
Eccleston, Mrs. L. . . .	Mr. H. M. Bennett, Balaclava
Ellis, Miss E. J.	Mr. J. A. Wilson, Fitzroy

Reliever

Evans, Miss E.
Gurry, Mr. L. F.
Hanger, Mr. I. R.
Knell, Mr. W.
Lang, Mr. I. D.
Milne, Mr. I. G.
Morrison, Miss I.

Pharmacy

Mr. W. J. A. Macmillan, Elsternwick
Mr. D. Hornsby, Birregurra
U.F.S. Dispensary, Bendigo
Mr. F. J. Prowse, Mirboo Nth.
Mr. T. F. Jury, Newport
Mr. T. K. G. Sarah, Garfield
Beacham's Pharmacy, Spencer street, Melbourne
Clifton Hill & Northcote U.F.S. Dispensary
Mr. J. E. Delzoppo, Neerim S.
Mr. W. E. DeGruchy, Richm'd
Miss D. N. Roberts, Glenroy
Mr. B. L. M. Miles, East Kew
Miss Brooke, Glenferrie
Mr. C. J. Martin, Box Hill
Mr. A. J. Cozens, Balwyn
Mr. P. Dickason, E. Bentleigh
Mr. A. N. Barcham, Bentleigh
Masters' Pharmacy, Castle-maine
Mr. F. R. Johnson, W. Preston
Mr. G. F. H. Attwood, Essendon
Mr. P. M. McKay, Maffra
Mr. L. W. P. Gribble, Shepparton
Estate A. C. Saunders, Bon-beach
Mr. P. Bartold, Healesville
Mr. K. L. C. Davis, Maffra
Mr. G. H. Ross, Mansfield
Wallace Pharmacy, N. Melb.
Mr. J. G. Fairbairn, M. B'ton
Mr. L. M. Walker, Northcote

New Pharmacies

New pharmacies have been opened at the addresses indicated:—

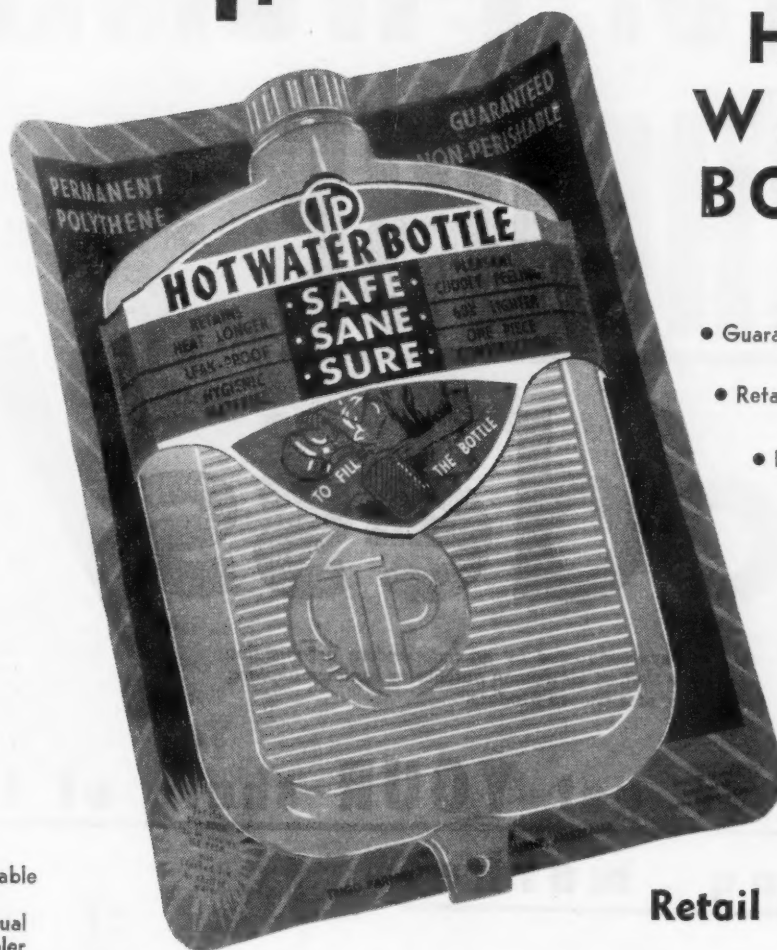
Mr. J. Moran, 72 Ashley street, West Footscray.
Mr. J. J. A. Lee, 133 Main street, Mornington.
Mr. K. Lyons, 774 Hawthorn road, East Brighton.
Mr. A. Weinstock, 811a Ballarat road, Deer Park.
Miss M. J. Hatterall, 1338 Sturt street, Ballarat.
Mr. A. Kranitz, 100 Barkly street, St. Kilda.
Mr. J. B. Gough, 81 Silverdale road, Eaglemont.
Mr. I. M. Foyster, 19 Moresby Court, West Heidelberg.
Mr. A. R. Salamy, 153 Little Malop street, Geelong.

Business Changes

The following pharmacies have changed hands:—
Mr. K. J. Harry purchased from Estate H. A. Lay, 19 Chapel street, Windsor.
Mr. J. F. White purchased from Mr. J. J. A. Lee, High street, Stanhope.
Mr. K. H. Billing purchased from Mr. G. W. Siebler, 54 Belmore street, Yarrowonga.
Mr. M. Jablonski purchased from Mr. and Mrs. A. Rotman, 113 Waverley road, East Malvern.
Mr. and Mrs. A. A. Mayhew purchased from Mr. V. G. Morieson, Jnr., 743B Gilbert road, West Preston.
Mr. H. Maddron Shepherd purchased from Estate B. P. Dartnell, 398 Clarendon street, South Melbourne.
Mr. F. Raven purchased from Mr. J. W. Watts, 148 Pascoe Vale road, Moonee Ponds.
Mr. L. E. George purchased from Mr. and Mrs. W. A. Buckley, Guthrie street, Quambatook.
Mr. J. W. Watts purchased from Mr. T. D. Barfield, 228 Swan street, Richmond.
Mr. J. C. Harvey purchased from Mr. J. C. Spencer, 40 Hampton street, Hampton.

New Plastic HOTTIES!

TP POLYTHENE HOT WATER BOTTLE



- Guaranteed Non-Perishable
- Retains Heat Longer
- Leak-Proof
- Pleasant Cuddly Feeling
- 60% Lighter
- One Piece Construction—no seams to open or fall apart

Ideal for sick rooms—
can be used as ice pack

Obtainable
from
your usual
wholesaler

Retail Price 9/6

Assorted Pastel Colours
PINK
GREEN
BLUE

Manufactured by

TRIGG PARFREY PTY. LTD.

AGENTS:

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G. Gibson & Associates
Pty. Ltd.
442 City Road
South Melbourne MX1221

NEW SOUTH WALES
M. J. Reeve & Co.
107 York Street
Sydney BX 3814

TASMANIA
Dobson's Sales Agency
118 Murray Street
Hobart B 2111

QUEENSLAND
S. T. Joseph Pty. Ltd.,
125 Adelaide Street
Brisbane B 9405

SOUTH AUSTRALIA
Howard C. Micklem & Son
Woronde Buildings
Chesser St., Adelaide

WESTERN AUSTRALIA
E. S. Lazarus & Co. (W.A.)
Ltd.
442-446 Murray Street
Perth

3 out of 4* WOMEN CHOOSE Modess!

* Surveys conducted by an independent organisation show that, of all women purchasing sanitary napkins, 3 out of 4 choose Modess.

**So for 1957 get YOUR share of this
increasing market**

- There's Modess Masslinn, 2/11
- or Modess with gauze cover, 2/11
- and for those who need extra protection, there's Modess Hospital Napkins, 3/3

For 1957, one of the strongest colour advertising campaigns yet undertaken will be used to spearhead the Modess story of a 3-way choice. You, too, can cash in on this activity by starting right away to display prominently at point-of-sale the excellent merchandisers made available free of charge. A good display, giving your customers a 3-way choice, means solid profit to you.

*Good display
aids impulse
sales*



JM70A

Modess

PRODUCT OF JOHNSON & JOHNSON • THE MOST TRUSTED NAME IN SURGICAL DRESSINGS

VICTORIA—Continued

WEDDINGS

Congratulations to **Mr. and Mrs. E. H. Sandbach**, whose marriage took place recently. Mrs. Sandbach was formerly Margaret Ramsay, a Fellow of the Pharmaceutical Society of Victoria.

Pharmaceutical Wedding: Congratulations to **Geoffrey Ponsford** and **Glenys Turnour**, who were married in Wesley College Chapel on May 28. Both are registered pharmaceutical chemists.

SAVE ON MAILING

Mr. J. S. Thomas, late of (postal address) Burwood, Ashburton, Ashwood and Jordanville South, now conducts a business at **424 Huntingdale Road**, Jordanville South; but all postal matter must be addressed to **Chadstone, S.E.10.** (Chadstone being the nearest post office.)

Mr. Thomas hopes that all wholesalers and ethical manufacturers will note this correction, as he is getting sometimes five copies of each batch of direct mail circulars.

VICTORIANS FOR OVERSEAS

Miss W. E. Cauldwell and **Miss Lynette Barker** will be leaving Melbourne on July 3 on the "Southern Cross" for England. They expect to be abroad for about two years, and intend visiting the Continent.

Mr. Ian Yule and **Mr. Norman Wardle** left Melbourne on April 30, on the "Orcades," for Vancouver. They intend doing a working tour of Canada, and then to proceed to England and the Continent, and expect to be away for about two years.

Messrs. Douglas and Bruce Moore, sons of Mr. Arthur Moore of Hampton, left Melbourne recently on an extended trip to the United Kingdom and Canada.

REGISTERS OF MEDICAL PRACTITIONERS

Pharmaceutical chemists from time to time require to check whether a particular doctor is registered in the State of Victoria. This arises from the fact that under the legislation in this State, Dangerous Drugs and Specified Drugs can be supplied legally only on the prescription of a legally qualified medical practitioner, i.e. a medical practitioner who is registered in the State of Victoria.

The Pharmacy Board advises that it has up-to-date copies of the Medical Registers of all States in its office and will be pleased to answer such inquiries.

VISIT TO NEW ZEALAND

Mr. H. A. Braithwaite, a member of the Committee of Management of "The Australasian Journal of Pharmacy," visited New Zealand for the silver jubilee conference of the Chemists' Service Guild of New Zealand, which was held early this month.

On his return Mr. Braithwaite expressed his deep appreciation of the kindness and hospitality extended to him in New Zealand. He found the experience stimulating and was glad of the opportunity provided for meeting old friends in the Dominion and of making new ones.

Other Australians who attended were Messrs. L. W. Smith (N.S.W.), G. H. Dallimore (W.A.) and Walter C. Cotterell (S.A.), members of the Federal Council of the Guild.

ALIEN DOCTORS

The Alien Doctor Registration Bill passed all stages in the Legislative Assembly on May 23, with two amendments.

The Bill establishes an expert committee of nine members to be known as the Foreign Practitioners' Qualification Committee.

It allows any foreign-trained doctor who has lived in Victoria for three years to apply to the committee for registration.

It takes from the Medical Board the right to decide which of those doctors should be allowed to practise.

The Government agreed to a Country Party proposal to limit the operation of the Act to December 31, 1960.

When the Bill came before the Legislative Council on the night of May 28, the second-reading debate was adjourned until June 4.

Introducing the Bill in the Legislative Council, the Minister for Health (Mr. Cameron) said it would give alien doctors an opportunity to prove their ability before an independent board.

Previously no alien doctor could be registered without doing a three-year course at the University.

Mr. Cameron said the Government considered the Bill maintained for citizens a reasonable standard of safety in the medical services available to them.

DISCUSSION GROUP

The number one Lecture Room at the College of Pharmacy was filled to capacity at the Discussion Group meeting held on May 8.

The Group President, Mr. Geoff Treleaven, introduced the guest speaker, Dr. V. Bristow, who chose as his subject "The Pharmacological Aspects of Allergy and Drugs Used for Allergic Diseases."

This was a most successful meeting. [A summary of the lecture appears in another part of the Journal.—Ed.] After a most interesting talk, Dr. Bristow devoted the rest of the evening to answering questions from the audience.

In conclusion, Mr. F. W. Johnson, Vice-President of the Pharmaceutical Society, proposed a vote of thanks on behalf of all those present, to Dr. Bristow, and expressed our indebtedness to him. The motion was carried by a hearty round of applause.—Carmel Younes, Publicity Officer.

VICTORIAN CHEMISTS' GOLFERS CLUB

Our May outing was held at Yarra Yarra with weather of early autumn standard. The course was showing quite an amount of green after the dry spell, responding to the light showers of the previous week.

The day was very enjoyable and the competition keen, but the scores were mediocre. Play was in three divisions Stableford, and the results were as follows:—

A Div.—A. Edmonston	32 points
B Div.—E. S. Appel	32 points
C Div.—P. C. Hudson	32 points

Visitors' Trophy was won by W. Paton, 33 points—a very good score.

We are looking forward to a big muster for our Charity Meeting on June 12, when there will be a four ball best ball competition. Valuable prizes have been donated. Proceeds will, as previously, be donated to the Girl Guide Extension for Spastic and Crippled Girl Guides, with part to the Children's Hospital Spastic Division.

Any chemist, whether a club member or otherwise, who would like to subscribe to our Charity Fund is invited to please send his or her cash subscription to R. W. Brodrick, 13 Bay street, Brighton.—R.W.B.

PHARMACEUTICAL SOCIETY CENTENARY

The Council of the Pharmaceutical Society has set up a Centenary Committee to plan the centenary celebrations which fall this year.

The first general meeting of members of the Pharmaceutical Society of Victoria was held in October, 1857, and the new Committee has selected October, 1957, as the central period for centenary functions.

The Council hopes, and, in anticipation of the realisation of that hope, is arranging for the laying of the foundation stone of the new college building in Park-

VICTORIA—Continued

ville to take place in October next. During the centenary fortnight other functions will be arranged. These will include the presentation of diplomas in the Wilson Hall, University of Melbourne, on Monday, October 28, and special centenary church services on Sunday, October 27. A centenary banquet is to be held, and a number of lectures by eminent scientists in various fields will be delivered as part of the programme which is being planned.

The Council is appealing to its members, wherever they may be situated, to inform the Secretary of any historic records that they have of pharmacy in the earliest days in the State, old photographs, antique pieces of equipment, and any other material which would be of interest in the compilation of an historical record of the Society and pharmacy, or which would make interesting exhibits in the historical display which is contemplated.

OBSERVATIONS OF AN OVERSEAS VISITOR

Mr. T. C. Thomas, M.P.S., of Great Britain, visited Melbourne for the Olympic Games. His visit was short, and, although he made contacts with pharmaceutical chemists and the official organisations here, he spent very little time with us.

On his return to Great Britain he wrote an article on Melbourne which appeared in "The Pharmaceutical Journal." Certain statements in that article were cabled and found their way to the Australian Press. Taken from their context, these articles struck an unfavourable note and caused a slight stir and some indignation in pharmaceutical circles.

Mr. Thomas, however, had some pleasant things to say about us. He opened his article with these words:

"This beautiful city, gay and festive, was host in 1956 to the Olympic world. . . . I was left in no doubt as to the warmth and regard for Britain held by Melbourne pharmacists and in particular for Bloomsbury Square."

The article concludes with the observation that there are very healthy rivalries in all spheres of life between the States in Australia and this is true also in pharmacy, but is a rivalry in a rapidly growing economy. Mr. Thomas is of opinion that emigration to Australia is a practical proposition, but he advises British pharmacists who come here to work first as assistant or manager in each of the States, before deciding on site and business prospects.

The general tenor of the article gives a much more favourable picture than the cabled excerpts, which suggested that we had no ethics and, generally speaking, were behind the times.

DISTRIBUTION OF MEDICAL PRACTITIONERS IN VICTORIA

The following interesting information concerning the number and distribution of registered medical practitioners in Victoria was given by Mr. Porter (Honorary Minister) in the Legislative Assembly on May 7, when replying to a series of questions asked by Mr. Doube (Oakleigh).

1. The number of medical practitioners registered in Victoria on May 1, 1957, was 4862.

The distribution at that date was as follows:—

Metropolitan	2658
Country	681
Interstate	866
Overseas	301
Address unknown	356
	4862

Of the above number, 123, of whom 91 reside in Victoria, are known to have retired.

2. (a) and (b) Victorian registration covers both general and specialist practice without distinction. Such distinction could be drawn only as the result of a census.

The number of medical practitioners—

(c) (i) employed in the service of the Federal Government is not known;

(ii) employed in the service of the State Government and Victorian statutory bodies is 182;

(d) engaged on duty with the defence forces is not known;

(e) studying overseas is approximately 60;

(f) undergoing post-graduate courses in Australia is unknown; the number undergoing such courses in Victoria is full time nil, and part time 102.

3. The question of whether there is a shortage of medical practitioners is a matter of controversial opinion. It would appear that distribution is a major factor to be taken into account in connection with any alleged shortage.

4. No shortage of medical practitioners exists in the Government's health, social and mental health services.

5. Vacancies for 23 resident medical officers and six specialists exist in hospitals registered with the Hospitals and Charities Commission.

The hospitals concerned are—

Bendigo, Ballarat, Wimmera, Wangaratta, Warrnambool, Latrobe Valley, Gippsland (Sale), Colac, Castlemaine, Swan Hill, Maryborough, Ararat, Bairnsdale, Echuca.

NEW GUILD PRESIDENT

Mr. Norman F. Keith is the new State President of the Victorian Branch of the Guild. A message of congratulation and appreciation published in "Gilseal News" for April states that those who have been associated with Mr. Keith long enough know that he is the right man in the job. Young enough to stand the burden; keen enough to put his all into the task; sane enough to make wise and well-considered decisions.

Those who served under him whilst he was Acting President during Mr. Lee's absence abroad are happy to know that he is to lead them once more. He is assured of the full and loyal support of all his fellow committeemen and of just as good support from members in the field. He has already earned the respect of his colleagues through the volume of work he has done in the pricing field.

Mr. Keith was a student at the Geelong High School and Geelong College, and was apprenticed in 1934 to the late T. S. Anderson of North Carlton.

Mr. Keith was the college gold medallist in 1936 and qualified in March, 1938.

After qualifying he did relieving work until 1941, when he purchased Wheeler's Pharmacy in Mt. Alexander road, Moonee Ponds. Immediately upon establishing himself in business there he was made Secretary and also Delegate of District No. 6 on the State Branch Committee. These positions he held until 1951, when he disposed of his business and opened a new pharmacy at his present address, High street, Ashburton.

From that time he has represented District No. 20 on the State Branch Committee and has therefore been a



Mr. Norman F. Keith

HIGH-IMPACT WOMEN'S WEEKLY ADVERTISING CAMPAIGN INTRODUCES "FEM-VITA"

NEW Fem-Vita

*** TABLETS FOR WOMEN**

give the extra Vitamins and Minerals women need for Health and Beauty and in times of Feminine Stress.

Greenson Pty Ltd., Melbourne, announce "Fem-Vita" vitamin-mineral complex with a proved success overseas. It is a scientifically balanced formula, to be sold only through chemists and containing vitamins and minerals known to be essential for good health and beauty and of benefit in combating feminine disorders and irregularities caused by dietary deficiencies. It contains no harmful or dangerous drugs and will not cause any increase in weight.

THESE BIG 4-COLUMN AND 2-COLUMN "FALL IN LOVE WITH LIFE AGAIN" ADVERTISEMENTS IN "WOMEN'S WEEKLY," VICTORIAN EDITION, starting with 3rd July issue (published 27th June), add up to over 2,000,000 customer impacts over 12 weeks. Stock up now!

SPECIAL INTRODUCTORY BONUS FOR YOU

You get one dozen "Fem-Vita" packets for the price of 11.

OUTLAY 69'8 RETURN 114'- YOUR PROFIT IS 44'4 PER DOZEN.

And this extra high profit margin of 62½% is backed by powerful "Women's Weekly" and daily press advertising, exciting pack design and colourful showcards. "FEM-VITA," 30 Tablets, 9/6 Packet. To be sold by chemists only.

OBTAINABLE FROM ALL RECOGNISED WHOLESALE DRUG HOUSES

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Window and Counter Display Material on application to your wholesaler.



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NEW effective therapy for moniliasis

- More effective
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- Less irritating
- Less staining

Clinical experience with GENTERSAL Cream has been outstanding. Response is rapid, irritation rare. One investigator reports that every patient "... became asymptomatic within 24-28 hours after treatment started."¹

Efficacy is unusually high. In one 11-month study, 72 per cent. of the patients were cured after one course of treatment, 22 per cent. after two courses, the remaining six per cent. after three to five courses. NOT A SINGLE FAILURE WAS REPORTED.²



*Large tubes with 15
DISPOSABLE vaginal applicators.*

Patients find GENTERSAL Cream easy to administer, appreciate the fact that it stains lightly, or not at all if a sanitary napkin is worn during treatment. If this is not done, soap and water will completely remove stain. Because it is a cream, leakage is minimal. From the patient's as well as the physician's point of view, GENTERSAL Cream is outstanding for the treatment of vulvovaginal moniliasis.

REFERENCES: 1. Leibfried, J. J.: To be published. 2. Perl, G.; Guttmacher, A. F., and Jakubowicz, H.: *Obst. & Gynec.* 5:640, 1955.



Pharmaceutical Company

SYDNEY

VICTORIA—Continued

member of that Committee for 16 years. Mr. Keith has also held the position of Federal Pricing Officer for about three years, prior to which time he was the Victorian Pricing Officer.

Ten years ago he was appointed to the Victorian Executive and also as Substitute Delegate to the Federal Council of the Guild. In addition to his recent appointment as State President he has been appointed Second Delegate to Federal Council and Mr. K. L. C. Davies has taken his place as Substitute Delegate.

Mr. Keith's main interest outside the Guild and his pharmacy are his Church and his family.

BACK FROM THE GOLFING CARNIVAL

There's a chiel among you taking notes and faith he'll print it.

—Burns.

A couple of extra shirts, shorts, sunburn lotion and a big smile were all the necessities needed to take to Brisbane, as Victorian Chemist Golfers headed north to take part in the first Interstate Golfing Carnival held in Queensland since World War II ended.

What a celebration! From the time of arrival till our departure a week later, the Executive and Sub-committees seemed to anticipate our every want. Nothing went amiss. It would be impossible to expect better attention.

Congratulations to Jack Wheeler, Queensland President, and his worthy team for the excellent job achieved.

They set out to maintain the high standard of previous Interstate Chemists' Golf Carnivals, and they upheld it. Golf results will be dealt with on other pages, so I will deal with incidents and personalities.

Queensland Chemists' Golf Club is blessed with men of high executive ability and incentive to work, but none rose higher than Bert Asprey during Carnival time. His natural ability to mime and produce the well chosen word at any of the functions and his infectious good humour worked wonders in putting all visitors in good spirits.

The secretarial work of Cliff Noble and Bill Fitzgerald carried out in a quiet, unostentatious manner was excellently done.

So highly were the efforts of these three Queensland members appreciated by visitors from New South Wales and Victoria that they were asked to accept a memento each, to mark the occasion.

New South Wales won the Interstate Teams Cup: a well merited win.

Apparently they have ball juggling tied up, yet their best ball juggler, Alan Weir, was not included in the team. He was found in an exhausted state after having handed out 38. Only some careful reviver and extended terms helped his recovery.

Thursday being considered an off day, allowing for recuperation, was availed of by some of the visitors to go fishing. A launch being duly chartered and led by Cliff Noble away they went to clean up the fishing grounds at Southport. Result, one mudcrab (accidentally hooked) and some small fry; not bad at £3/10/- per head. Blame the weather! It would have been better at the Oasis.

After the trip to Tweed Heads and the return late at night, some of the visitors wondered whether those big buses sprouted wings. The speed at which the telegraph poles passed the windows was much faster than Laurie Skinner's driver at point of impact. Luckily they didn't get off line or in the rough like Laurie can. Thanks for the memory.

Tiny Bate, a big little pill pusher, showed what could be done by sheer ability. A 15-in. water pipe lay across the fairway at Hamilton about 25 yards from the tee. Whack went Tiny's drive fair at the pipe. None of the four saw where it went! The other three players drove

decently right up the fairway. A search for Tiny's ball revealed nothing, so all walked on regretting Tiny's loss. After each had played his second and walked on, Tiny's ball was found 30 yards farther than the best off the tee, showing a lovely black eye from contact with the pipe. Almost unbelievable, but Tiny assured us it was not the first time he had done this at the same hole. We believed him!

Brod from Victoria was assigned a room on the fifth floor at Lennons. Having to reach his eerie room by staircase and devious passages from the passenger lift on the fourth floor, he found great trouble in getting his bearings, especially for the first two days. His sense of direction had so deteriorated that he had to call in the assistance of the housemaids to put him on the lift. What's the good of being a teetotaller!

Hymie Eizenberg, big noise at Monash Golf Club, Sydney, and a New South Wales team player, replied on behalf of visitors at the Farewell Dinner. Believe me, his repertoire of Yiddisher stories is well worth hearing and goes over well.

—"Lofter."

OBITUARY

Frederick Norman Pleasance

Mr. Frederick Norman Pleasance, senior partner in the firm of Martin & Pleasance, 180 Collins street, Melbourne, died at his home, Clendon Court, Toorak, on May 17. The business of Martin & Pleasance was established in 1857, and it so happens that special displays associated with the centenary have been featured for some weeks past.

The late Mr. Pleasance was registered in December, 1897, and had thus been on the Pharmaceutical Register of Victoria for nearly 60 years. He was apprenticed to his father, Mr. Chas. Pleasance, who arrived in Melbourne with his parents in 1855, and later was apprenticed (1868) to Gould & Martin, the original partners in Martin & Pleasance, of which he subsequently became the sole proprietor.

Charles Pleasance, like his son Norman, who followed in his steps and succeeded to the business, gave unstintingly of his time and talents for the advancement of his profession. He was a member of the Council of the Pharmaceutical Society of Victoria in 1887 and in 1890-2. He was elected a member of the Pharmacy Board in 1902 and its President in 1905-6. He was Lord Mayor of Melbourne in 1904.

Apart from the pharmacy, the business of Martin & Pleasance extends widely in the field of homoeopathic medicines.

In official pharmaceutical work the late Mr. Pleasance was prominently identified with Pharmaceutical Defence Limited, as a member of the Board of Directors since 1932 (he was a foundation member of the company in 1912) and as Hon. Treasurer from 1934 to 1956. Declining health forced Mr. Pleasance to relinquish the office of Hon. Treasurer last November. The end came suddenly, Mr. Pleasance having attended a meeting of the P.D.L. Directors only two days before he died; and it was perhaps fitting that, the present Treasurer being absent, the duties of Treasurer were carried out by Mr. Pleasance at the last meeting he attended.

For many years Mr. Pleasance was also Returning Officer of the Pharmacy Board of Victoria and the Pharmaceutical Society of Victoria, and he personally supervised the despatch of voting papers and the counting of votes when an election for either of those bodies took place.

In sporting circles Mr. Pleasance was a keen cricketer; he was active for many years in the chemists' cricket team and was one of the oldest members of the M.C.C., on the Committee of which his father served for 15 years. He was also a member of the Metropolitan Golf Club and a foundation member of the Peninsula Country Golf Club. Membership of the Athenaeum Club was another city interest.

Two sons, Mr. Guyon Pleasance (qualified 1929) and

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PRIVATE FORMULAE
SPECIALISTS**

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Sandgate, Brisbane. Sandgate 2324.

TASMANIA: H. T. Grounds, 152A Collins Street, Hobart.
B 3511, B 2370.

VICTORIA: John Kiddell, 458 Beach Road, Beaumaris, S.10.
XF 4641, WX 8766.

SOUTH AUSTRALIA: Arthur Searcy & Son Ltd., 138 Grote
Street, Adelaide. LA 2891.

WESTERN AUSTRALIA: Geoff Martin & Son, 83 Brisbane
Street, Perth. BF 1791.

**Own Name is the Traditional
Business of Pharmacy**

VICTORIA—Continued

Mr. Phil Pleasance (qualified 1949), are partners in the business, representing the third generation of the family.

Our sincere sympathy is extended to Mrs. Pleasance and to the members of the family.

Samuel Morrow

We regret to place on record the death of Mr. Samuel Morrow, which occurred at his home in Daylesford on April 25.

Mr. Morrow was one of the older generation of pharmaceutical chemists in this State, having passed the Final Qualifying Examination of the Pharmacy Board of Victoria in March, 1899.

Mr. Morrow was born at Stawell in 1875 and was the last surviving member of a family of 10. He commenced his pharmaceutical training at Reed's Pharmacy in Ballarat in 1899, and for a period was employed as a pharmaceutical chemist at the Ballarat Hospital. In 1904 he purchased the well established pharmacy of William Mercer in Vincent street, Daylesford, and carried on his profession there for very many years.

During the many years of his lifetime spent in Daylesford, Mr. Morrow associated himself actively with community interests. For a while he was a member of the Borough Council, he was on the Hospital Committee and at one time was President of the Committee. He served on the Bowling Club Committee of which he was a past President.

In addition to his various civic offices Mr. Morrow participated in the musical life of the district. He enjoyed choral singing, being probably the last surviving member of the Male Choir led by Mr. Sydney Hunt, well remembered by the older residents of the town, and was a member of several later choirs. He was at one time a member of the Council of the Technical School and took a great interest in golf. Mr. Morrow was an active church worker and took a keen interest in Masonic affairs.

Mr. Morrow is survived by two daughters, one of whom, Beth, now Mrs. Lelean, in association with her husband, Mr. C. Lelean, M.P.S., conducts the pharmacy formerly owned by her father in Vincent street, Daylesford.

Andre Joseph Narik

It is with regret that we report the death of Andre Joseph Narik, which occurred on May 18, at the age of 62 years.

Mr. Narik was apprenticed to Mr. R. W. Wilkinson, of Melbourne. His studies were interrupted by World War I, during which he served with the A.I.F. as a member of the 7th Battalion.

He passed the final qualifying examination of the Victorian Board on June 1, 1932, and was registered in July of that year. For some time Mr. Narik was manager of several U.F.S. Dispensaries, and at the time of his death was conducting a pharmacy at Mt. Eliza.

Mr. Narik was a member of the Victorian Chemists' Sub-Branch of the R.S.S.A.I.L.A. and also of the Frankston Sub-Branch, and comrades from these branches joined with other mourners at the burial which took place at the Melbourne Cemetery.

Mr. Narik is survived by his widow and son Paul, to whom we extend our deep sympathy.

PARLIAMENTARY INFORMATION

Three Bills having some bearing on or of interest to pharmacy were brought into the Legislative Assembly during the month. Summaries of these are given below.

Medical (Registration) Bill

"A Bill to make further provision with respect to the Registration as Medical Practitioners of Persons qualified in that regard in other Countries" was brought

into the Assembly by Mr. Porter and Mr. Rylah and read for the first time on April 10.

This Bill seeks to establish a "Foreign Practitioners Qualifications Committee" of nine members. Five of these shall be legally qualified medical practitioners to be appointed by the Governor in Council and nominated by the Faculty of Medicine, University of Melbourne, and four shall be persons for the time being occupying University professorial medical chairs in the Clinical Schools at the Royal Melbourne, St. Vincents, Alfred and Royal Women's Hospitals respectively.

The Bill provides that in case of non-nomination of the required number of members, the Governor in Council may without nomination appoint any person or persons duly qualified.

Any person who is or has been qualified to practise medicine or surgery in any country and who has been resident in Victoria for not less than three years may apply to the Medical Board to be registered as a medical practitioner. (This clause does not apply to doctors qualified in those countries with whom the Medical Board of Victoria has reciprocity agreements.) Every such application must be submitted by the Board to the Committee for consideration. The Committee is empowered to require an applicant to submit further evidence and to undergo any appropriate examination.

If the Committee is satisfied that the applicant fulfils all the requirements laid down (these include an adequate understanding and command of the English language) it may certify to the Board that the applicant is a fit and proper person to be registered as a legally-qualified medical practitioner.

Masseurs (Registration) Bill

Brought in by Mr. Porter and Mr. Petty, a Masseurs (Registration) Bill, "To provide for the Registration of a certain Person as a Masseur under the Masseurs Act," also had its first reading on April 10.

The person concerned is claimed to have experience in the practice of massage and the treatment of muscle injuries; such experience being acquired whilst acting as physical director to various sporting bodies.

Professional and scientific bodies are protesting strongly against the passage of this measure. While not questioning the gentleman's experience, the passing of such a measure, permitting registration without examination of any kind—which is the purpose of the Bill—they claim would be wholly unethical and could create a most undesirable precedent.

The Benefits Association (Amendment) Bill

The Benefits Association (Amendment) Bill, which was during the month brought into the Assembly from the Legislative Council, has five main features. The first is to bring associations incorporated in other States into line with those registered in Victoria, when conducting business in this State.

These at present cannot be brought under actuarial control as are those registered in Victoria. Legal action against at least one of such societies has failed. The amendment of the definitions of "Associations" and "Contributor" will bring all businesses being carried on in Victoria within the operation of the Act.

The second purpose of the Bill is to remove the automatic exemption of life offices which carry on hospital, medical and sickness benefits. This is a result of investigations of balance-sheets for the last two years which indicate that up to 40 per cent. of contributions paid has been used in expenses. Offices desirous of carrying on such business will be allowed to apply for exemption and may be granted the same on actuarial certification of soundness.

A third feature is the exemption of sickness, hospital, medical and funeral benefits association from the Act, subject to terms and conditions which may be imposed by the Governor in Council. Up till now exemptions have been granted without actuarial certification as to soundness.

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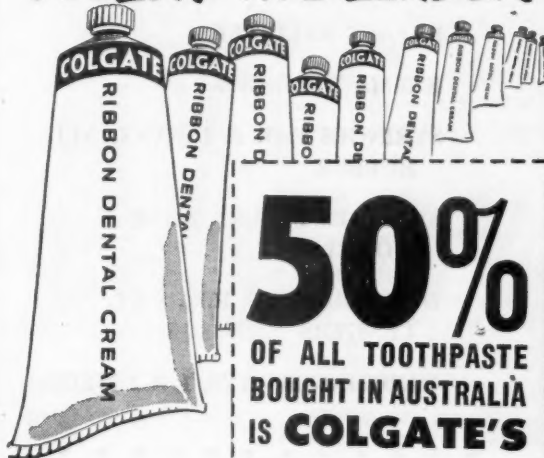
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VICTORIA—Continued

The fourth feature is to remove the power to prescribe limits for hospital benefits. This is considered desirable and brings associations into line with friendly societies.

At present, liability for contravention or non-compliance under the Act rests only on persons and associations registered thereunder. The fifth feature of the Bill will be to render any person (irrespective of whether that person or association is registered under the Act) who contravenes the Act guilty of an offence and liable to a penalty.

During the second reading the Hon. William Slater said the Bill should be supported unhesitatingly by the House, but claimed that it contained an anomaly inasmuch as there was a definite discrimination resulting from the formation of new benefit associations and friendly societies. To give the greatest possible protection to members of the friendly societies he said they should not have to compete with other organisations in the community not subject to similar control.

The Government should not allow competitors into the field without their being subject to the same obligations, restrictions and limitations as were imposed upon the friendly societies. Certain benefit associations had been exempted under the terms of the principal Act subject to undertakings being given by them in the required terms. Sub-section 3 of Section 3 exempted friendly societies, associations carrying on life insurance business registered under the Commonwealth Life Insurance Act, trade unions, etc. Paragraph (e) of this Sub-section provided for the exemption of any association declared by order of the Governor in Council published in the Government Gazette to be exempted.

Mr. Slater urged the House to consider amending this provision so as to exempt only friendly societies.

When the Bill was being further considered in Committee on May 14 the Minister of Health, Hon. E. P. Cameron, said that progress was reported on Clause 3 so that submissions of Honourable Members could be considered. Upon investigation it was found that good purpose might be served by the addition of another sub-section to Section 3 of the principal Act. Consequently he moved as follows:—

"That the following new sub-section be added:—

(8) The Governor in Council shall not make any Order under this section exempting or revoking the exemption of any association except on the recommendation in writing to the Minister of the Registrar and the Government Statist that such exemption or revocation should be made and, in the case of an exemption, that any terms and conditions proposed to be imposed should be so imposed."

The amendment was agreed to and the Clause as amended was adopted, as were the remaining clauses.

The Bill was reported to the House with an amendment and passed through its remaining stages.

On May 14 the Bill was received in the Assembly from the Council and was read a first time.

THE PHARMACOLOGY OF ALLERGIC DISEASES

Summary of lecture delivered by V. G. Bristow, M.D., B.S., M.R.A.C.P. Allergist, Alfred Hospital, Melbourne, to the Pharmaceutical Society of Victoria (Discussion Group) on May 8 at the College of Pharmacy, Melbourne.

Definition

Allergy—Any specifically acquired alteration in the capacity of living tissue to react. This alteration in capacity to react results from exposure to an exciting agent, and is manifested upon re-exposure to the same or to an immunologically related agent. According to some authorities, allergy may be inherited.

Allergy may also be described as that branch of medicine concerned with all specific acquired alterations in capacity to react.

Anaphylaxis. A form of allergy. It is characterised by (1) prompt reaction in exposure to the specific

excitant; (2) serologic reaction of precipitation, etc.; (3) possibility of passive transfer; (4) Schultz-Dale reactions; and (5) other various phenomena.

Prausnitz-Kustner test—Local passive sensitisation of human skin by intracutaneous injection of human serum containing a particular antibody. The site so sensitised shows an immediate type of reaction.

Adrenalin, the major active principle of the adrenal medulla, was the first hormone to be isolated in crystalline form. Its existence was first indicated by Oliver and Schafer in 1895, synthesised by Stolz and Dakin by 1905, while in 1910 Berger and Dale examined a large series of related amines and defined the basic structural requirements for pharmacological activity. They introduced the term sympathomimetic to describe the action of such drugs.

Adrenalin thus resembles stimulation of the sympathetic or emergency autonomic nervous system, and prepares the body for vigorous effort. It increases the heart rate and blood pressure; it constricts the vessels of the skin and intestines, but dilates the arteries of the skeletal muscles and the coronary arteries of the heart. To improve the ventilation of the lungs it relaxes the smooth muscle of the bronchioles and hence dilates these air-passages.

Adrenalin is rapidly absorbed from tissues, but is destroyed by gastric digestion. Hence it must always be given parenterally. It is destroyed rapidly in the body, but the mechanism is not clear. It appears that conjugation with other molecules and oxidation take place in the liver, but there is not much renal excretion. The common form is an aqueous solution of the hydrochloride or tartrate for subcutaneous use in a strength of 1/1000. For slower absorption there is an oily solution in peanut oil in a strength of 1/500. This has the disadvantage that an allergic person can develop sensitivity to the oil, while the accidental intravenous injection of an oily solution can be fatal. The solution of 1 per cent. or even 10 per cent. of Adrenalin for oral inhalation is regrettably available, and while giving symptomatic relief often for years, is a potent killer of asthmatics.

Adrenalin has many alarming but usually harmless reactions, such as pallor, palpitation, dizziness, etc. However, there is a rise in blood pressure, and the drug must be used with caution in people with hypertension or degenerative cardiac disease. Cerebral haemorrhage from the rise in blood pressure can cause death, but more commonly ventricular fibrillation is the cause of sudden death with Adrenalin. This occurs particularly in people who have used a lot of Adrenalin in the past, with the Adrenalin spray addicts in the front row.

I have seen six sudden deaths with asthma. Four of these were in possession of a spray, and the other two died while administering Adrenalin by injection.

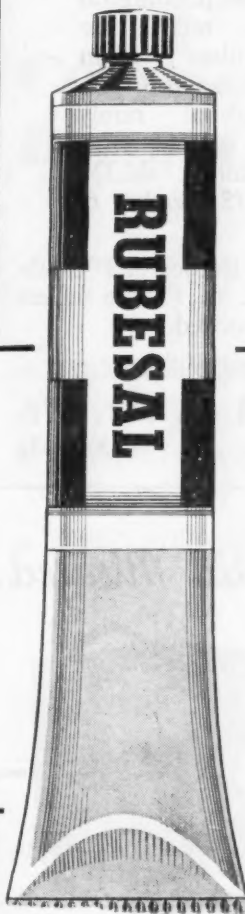
An Adrenalin-like drug that can be taken orally as well as parenterally and by inhalation is Isoprenaline. This gives dramatic side effects, such as palpitation and nervous excitation, but is much less toxic than Adrenalin, and may give a fall rather than a rise in blood pressure. They also have the great advantage of oral administration in tablet form. However, they are not very effective bronchodilators, and their use is limited to mild placebos.

Ephedrine is the only other useful member of this group. It is an alkaloid, occurring in various plants belonging to the genus Ephedra, a Gymnosperm related to the pines and firs. It has been used as "Ma Huang" in China for 5000 years, but was introduced only recently in Western medicine. The work of Chen and Schmidt in 1923 was the first recorded study, but I believe it did not come to Australia until 1930 or so. From the study of this alkaloid, the Amphetamine drugs have emerged, but the pure chemistry is out of the scope of this lecture, and certainly I would be unwise to become so involved in front of this audience.

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VICTORIA—Continued

Ephedrine is more stable than Adrenalin; it is effective when taken orally, and its side effects are more concentrated on the central nervous system than the cardiovascular system, although to some degree the cardiovascular limitations of Ephedrine are much the same as for Adrenalin.

While some allergists preach that Ephedrine is not toxic, others feel just as strongly in the reverse opinion. Certainly I am sure that it is unwise to give large sudden dosage to a patient who has had a lot of Adrenalin. I have never seen this cause death, but the extreme shock and collapse which sometimes occurs is death's next door neighbour, and these circumstances should be avoided.

As well as some risk in patients with degenerative cardiac diseases, Ephedrine can cause urinary retention, and should be used with caution, particularly in elderly men.

Ephedrine as the Hydrochloride or Sulphate is the basis of most oral preparations for the relief of asthma, and the onset of tolerance or addiction is not marked. Ephedrine Salts injected subcutaneously are slow acting, but of longer duration than Adrenalin. Given intravenously or subcutaneously with Hyaluronidase the result is rapid, but with unpleasant side effects.

Excretion of Ephedrine is almost entirely by renal excretion, and is fairly regular over 24 hours when a single dose is completely gone.

The Xanthines provide the next group of drugs. These are of use only in asthma. While Caffeine and Theobromine are of some use, Theophylline is the most useful member of this group. This drug has the most pronounced smooth muscle relaxation, coronary dilatation and cardiac stimulation of this group.

Theophylline is used as Aminophyllin, which is a combination of 78 per cent. Anhydrous Theophyllin and 22 per cent. Ethylenediamine.

Aminophyllin is absorbed only with difficulty by the gastric mucosa, and often gives a gastritis before an effective dose is reached. To overcome this, two special preparations, Theophylline Methylglucamin and Choline Theophyllinate, have been marketed.

While slightly less irritating to the gastric mucosa than Aminophyllin, there are very few patients who enjoy adequate relief from this oral therapy. Intramuscular injection containing 500 mgs. of Aminophyllin is used, but I find it gives more pain than relief. Intravenously in doses of 0.25 mgs. in 10 c.c.'s or double, this gives relief that is often dramatic, but again after the use of Adrenalin it is often a failure and may result in a state of severe shock. Death has been reported after intravenous Aminophyllin, usually in bad risk patients, but fortunately this is rare. Rectal absorption of Aminophyllin is good, and this is one way to give a good night's sleep, particularly to children and old people.

I mention the use of Pethidine and Morphine in asthma only to state that at present there is no use for these drugs in asthma, and they are most likely to cause a fatal respiratory depression.

If sedation is required, Chloral Hydrate or Paraldehyde is much the safest. In asthmatics, even the barbiturates, which cause some respiratory depression, are best avoided. In the future, it may be possible to use Morphine in desperate cases if covered by Amiphenazole, but no work in this use of this drug has yet been carried out.

The Anti-histamines are an interesting but exasperating series of medicines. Their history commenced in 1937, when Bovet and Staub demonstrated that certain phenolic esters were able to block the effects of Histamine, apparently by preventing the access of the amine to the receptor substance in the effector cells. Antergan and Neo-Antergan described after 1942 were the first relatively non-toxic Anti-histamines.

Diphenhydramine was independently prepared by Mayer and Loew in America in 1945, and since then numerous Anti-histamines have been prepared. Although synthetics and therefore well studied, it has not been possible to reconcile their effects directly to their molecular structure, and they have to be studied more or less by trial and error.

The most common side effect is depression of the central nervous system, although one, Phenindamine, is an excitant of the nervous system. Death in excessive doses is from depression of the respiratory centre.

Anti-histamines have great usefulness in the milder allergic conditions, but are almost useless in asthma. Locally applied Anti-histamines have some effect in allergic skin conditions, but unfortunately are very prone to produce their own local sensitisation. Self administered Anti-histamines are now the cause of more than 50 per cent. of cases seen at out-patient skin clinics.

We now come to the steroid hormones. These are only symptomatic relief of allergic symptoms, and as far as logical treatment is concerned are begging the question just as much as Adrenalin sprays. As you know, these are expensive, potent drugs, with as yet incomplete investigation of all their effects. However, if given with due respect to their potentialities, they can be dramatic in their relief. I have made people quite sick from unwanted side effects, but as yet I have never seen a person killed by them, which is more than I can say from Adrenalin.

Corticotrophin or ACTH is a pituitary extract obtained from pigs and sheep, which stimulates the suprarenal to produce an increased amount of Cortisone-like hormone in the body. Its advantage is that it only speeds up a normal cycle, and does not depress the patient's suprarenal function. Its disadvantages are that it must be given parenterally, it is expensive, and it can cause its own anaphylactic shock, as it is a protein. There has been one such death in Victoria to my knowledge, and I have seen many severe allergic reactions to both new and old patients. I also feel that ACTH is a little more prone to produce Sodium retention than Cortisone Acetate.

The most rapid acting steroid is an aqueous solution of ACTH given with an intravenous drip of Glucose and water at the rate of 20 units every eight hours. This is the maximum absorption rate; any more is wasted. The worst status asthmaticus will usually respond in 12 to 24 hours on this regime. Intramuscular ACTH is suitable for milder cases, and requires at least 40 units b.i.d.

Before considering Cortisone and related drugs, let us consider relevant side effects. There is a retention of Sodium with possibility of oedema while conversely there is an excessive excretion of Potassium. A tendency to diabetes is exaggerated while hypertension is aggravated. The doses used in allergy are usually not large enough to cause virilism in females, but the effect on infections is important. Common intercurrent infection can be covered with Antibiotics, but tuberculosis can often progress at an increased rate.

The acute infective fevers, such as smallpox or even chicken pox, can result in a fatality. The other practical problem is a failure of tissues to heal. Dormant peptic ulcers can become active and perforate. Unfortunately the perforation is less dramatic than is usual, and can easily be missed until fatal peritonitis ensues.

The common preparations are oral tablets of Cortisone Acetate 25 mgs., Hydrocortisone 20 mgs. and Prednisone and Prednisolone each 5 mgs. Their activity is in inverse proportion to their size, so we can use the number of tablets as a calibration of the daily dose. Cortisone is unique, in that the absorption and excretion of the oral tablet is more rapid than by the intramuscular route. I rarely find it necessary to use more than four tablets per day for initial dosage, with maintenance as low as one or two tablets per day. Salt restriction may be necessary, and added Potassium as Potassium Chloride or Iodide is often used, but rarely necessary.



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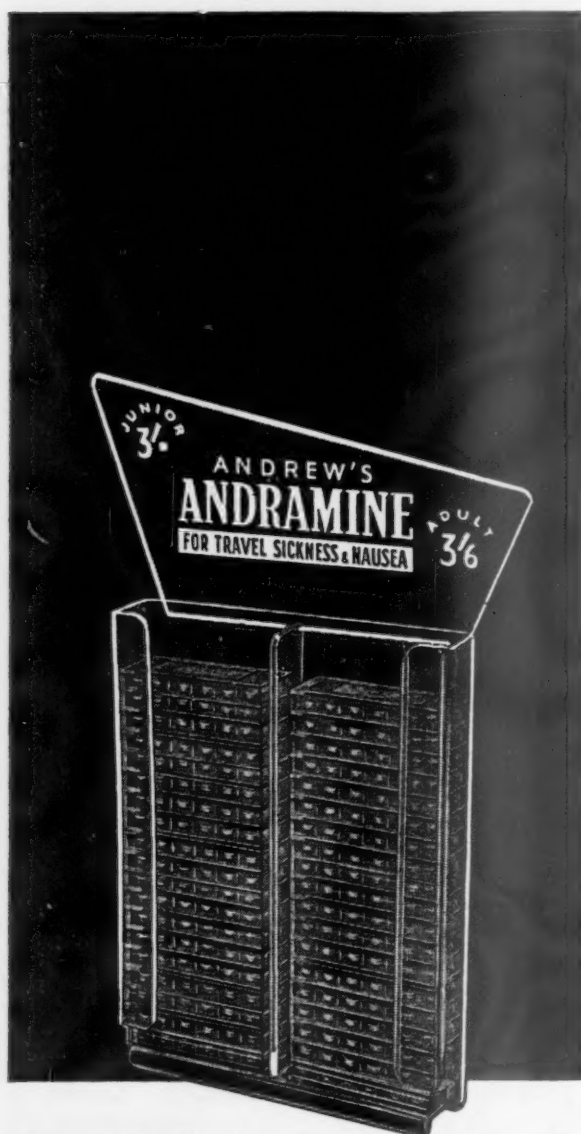
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VICTORIA—Continued

Because even 5 mgs. of Cortisone Acetate per day gives a measurable depression in suprarenal function (for histology students it is the Zona Fasciculata which suffers.)

It is advisable to give 40 units of long acting ACTH by intramuscular injection every week or so. Of all the contra-indications, I have found mild diabetes the easiest to control and little or no rise in Insulin dosage is required.

There is a new Cortisone derivative now being tested in America by the Cyanamid Company. The new product rejoices in the chemical name of: 6 Alpha Fluro 16 Alphahydroxylin Delta-i-hydrocortisone Diacetate. Its trade name is Triamcinolone. It is reported to be 18-36 times more potent than Hydrocortisone, and in therapeutic doses produces no change in Nitrogen, Calcium, Potassium or Sodium balance. There appears also to be no tendency to cause hypertension. There is no record of its effect on peptic ulcer, psychosis or osteoporosis.

Finally, the logical treatment of an allergic diseases is to find the allergens concerned, and avoid them. This is easy with foods or isolated allergens, such as Horse Dander, but becomes impossible with multiple sensitivities to pollens or dusts, although even here, air conditions, dust proofing rooms and avoiding undue pollen exposure can do much to help.

Common Allergic Conditions

Urticaria and Angio-neurotic oedema are extremely common. They are usually due to an ingested allergen, such as foods or drugs. The history is short and dramatic, and the allergen is usually easy to define.

The quickest relief is with Adrenalin, but this is short lived and may require support for a day or so with an Anti-histamine. If the allergen is a food, a simple saline aperient often works wonders.

The intravenous administration of, say, Antazoline or other Anti-histamine is nearly as dramatic as Adrenalin, and the effect often lasts for 24 hours.

The chronic form of urticaria can be the most difficult allergic condition to treat. In Melbourne we find that there is a sensitivity to ingested allergens, often a drug such as Phenolphthalein or Carbromal, plus a focus of infection as trigger mechanism. This focus can be of any type, and I have seen infected tooth sockets, tonsils, the gall-bladder and the appendix as the foci concerned. If a reaction to skin testing with bacterial vaccines is obtainable, desensitisation with dilutions of the relevant vaccine often results in cure. Clothing is sometimes a cause of this condition, and nylon and wool seem the worst offenders.

Treatment with Anti-histamines is only temporary and affords only partial relief. In desperate cases the Cortisone group of drugs can be used with about 75 per cent. improvement in most cases, but this is a treatment of despair.

The treatment of allergic eczema resolves itself into three phases. For a small area Hydrocortisone lotions or creams are most useful. If the rash is infected, local use of an antibiotic cream of the Tetracycline group is most useful. Neomycin is the least likely antibiotic to give its own allergic reaction, with Penicillin and Streptomycin by far the worst offenders. Finally, the primary cause must be demonstrated and eliminated.

Allergic rhinitis or hay fever is in two main groups; those due to pollens and those due to organic dusts. Both can be precursors of asthma, but a pure pollen sensitivity is much easier to treat than the dust sensitive variety. In the first case the logical treatment is to demonstrate the pollens concerned and to undergo a pre-seasonal course of desensitisation. For symptomatic treatment we have the whole series of Anti-histamines at our disposal. The sedative effect is the most difficult side effect to consider. Promethazine 25 mg. is the most

powerful Anti-histamine, but its sedative effect is very marked. Local Anti-histamines to the nasal mucous membrane have a limited emergency use.

With the onset of disabling hay fever or pollen asthma in an otherwise healthy person, we have the best indication for the use of the Cortisones, for here we have a self limited condition, and the possibility of dramatic relief for the period of symptoms. Obviously the symptoms must be carefully weighed against the cost and the calculated risk in using the steroid hormones.

Asthma is probably the major condition to be dealt with. For the purposes of discussion, let us group the causes of asthma into three phases. First, in all asthmatics, there is allergic sensitivity. I am sure failure to demonstrate a definite allergy in any particular case is due to technical limitations only.

Second, there is often an associated infection, such as sinusitis or bronchitis. Finally, there is the group of modifying agents, such as emotional tension, age, sex, etc. Other factors being present, emotion can be the trigger mechanism, and relief with tranquilliser drugs, psycho-therapy, hypnosis, etc., can relieve this mechanism, but emotion is never the prime cause of asthma. Age has a marked influence on asthma, and a patient showing symptoms in the fifth or sixth decade is always difficult to treat. Conversely, to limit one's treatment to desensitisation to demonstrable allergens, and to ignore secondary infection or other ancillary factors, is a course which will usually result in failure.

The plan in treatment of asthma is to control symptoms, investigate all relevant causes, both primary and secondary, and then proceed to treat the prime allergic basis of the disease in each individual.

The failure to completely relieve the patient, which occurs in about 50 per cent. of patients, is due to inadequate investigation and treatment of the associated conditions. The allergist must assume the role of general physician, and fully examine the patient to make a general medical assessment. As an example, the commonest cause of failure in treating children is undiscovered thread worm infestation, and asthma will persist while worms are still present. In adults, as well as a full check of the nose and throat, the cardiovascular system must be examined. While removal of foci of infection in the nose and throat and removal of polypi are necessary before active treatment is undertaken, gross surgery on the accessory nasal sinuses must be avoided. Radical antrostomy is a sure way to convert a bad nasal catarrh into an asthma.

In the treatment of acute asthma, Adrenalin is the most useful drug. To use Adrenalin adequately and even fearlessly in a crisis may be life saving, but to use it endlessly day after day in chronic asthma is not the correct procedure. I have not mentioned the dose of Adrenalin in the acute phase because in some circumstances the dose is measured by what is adequate for the situation, and often far exceeds the usual 5-10 minims. If more than 5 minims is required at a time it is wise to use multiple sites of injection, as local vaso-constriction greatly reduces the effective absorption. On the failure of Adrenalin, which is rare, intravenous Aminophyllin is the most useful medication. For moderately severe attacks, Ephedrine Hydrochloride in doses of $\frac{1}{2}$ gr. can be given slowly intravenously or subcutaneously with Hyaluronidase to give rapid absorption. For oral use for mild attacks, tablets containing Ephedrine reinforced with Theophyllin and the excitement counteracted with a mild sedative, can be used indefinitely without harm. Similarly Isoprenaline has a place here for convenience of administration in mild ambulatory cases.

Current thought suggests that the bronchial mucosa in an asthmatic attack resembles that of the nose in acute hay fever, and the swelling of the mucosa together with the excessive mucous secretion are as much an obstruction as the spasm of the bronchial muscle. Certainly the patient cannot be relieved until this



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VICTORIA—Continued

mucus is expelled, and post mortem examination on patients who die in asthma characteristically show almost complete obstruction of the small bronchi with mucus.

The classical drug for this purpose is Potassium or Sodium Iodide. While the mechanism is obscure, there is no doubt that a patient on continuous Iodide administration seems to be able to clear his bronchial tubes of mucus more easily than without Iodides. For severe asthmatics in hospital, we often use the detergent "Alevaire" in an oxygen atomiser with good results.

The use of Stramonium has disappeared in recent years, due to the severe gastric irritation it produces.

Finally, for the Adrenalin fast patient or the severe asthmatic, the use of the steroid hormones to relieve symptoms while active treatment is instituted has changed the face of the problem. If due care is exercised in the selection of the patient and the most suitable preparation of the hormone, the results of such treatment are very good, but let it be clearly understood that these hormones only treat the symptoms while logical treatment is carried out, and are in no sense curative in themselves. When a physician eventually stabilises a chronic asthmatic on a maintenance regime of Cortisone or ACTH he publicly announces that he has found that patient a failure to all forms of curative treatment, and is content to hide behind the superficial satisfaction of symptomatic treatment alone.

ADDITIONS TO THE REGISTER OF PROPRIETARY MEDICINES

(Published in the Government Gazette April 10, 1957.)
Department of Health,
Melbourne, March 27, 1957.

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Achromycin Capsules	5748	27.3.57
Acriflavine Solution	5921	27.3.57
Air Borne Dust Protein	5827	27.3.57
Allenbiotic	5806	27.3.57
Allenbiotic 500	5808	27.3.57
Allenbiotic Paediatric	5807	27.3.57
Allenburys Crystalline Penicillin G	5951	27.3.57
Allenburys Dihydrostreptomycin Sulphate	5952	27.3.57
Allenburys Procaine Penicillin G	5953	27.3.57
Allenburys Streptomycin Sulphate	5954	27.3.57
Allenpen	5955	27.3.57
Allenpen R.F.	5956	27.3.57
Allenstrep	5957	27.3.57
Ambinon A	5873	27.3.57
Ambinon B	5874	27.3.57
Aminacyl Sodium Ampoules	5882	27.3.57
Aminavite Tablets	5749	27.3.57
Anaesthetic Compound—Martindale (B.A.B.A.N)	5875	27.3.57
Analgesic Balm	5792	27.3.57
Andantol	5809	27.3.57
Anodyne White Pine Compound	5817	27.3.57
Antipeol Cutaneous Ointment	5824	27.3.57
Antiseptic Ointment	5776	27.3.57
A.P.C. Mixture	5738	27.3.57
A.P.C. Mixture	5739	27.3.57
A.P.C. Mixture	5783	27.3.57
A.P.C. Mixture	5919	27.3.57
A.P. Double C Pain Tablets	5931	27.3.57
Aquacillin 5 ml.	5911	27.3.57
Aquacillin 10 ml.	5912	27.3.57
Aquacillin 600,000 units	5981	27.3.57
Aronson's Sore Throat Mixture	5740	27.3.57
Artosin Tablets	5757	27.3.57
Aspastine Berna Tablets	5828	27.3.57

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
"Avlon" brand of Mepacrine Hydrochloride B.P.	5909	27.3.57
"Avlon" brand of Pethidine Hydrochloride B.P.	5910	27.3.57
Avo Bronchitis Mixture	5898	27.3.57
B. Complex Forte Tablets	5850	27.3.57
Bejectal Improved	5959	27.3.57
Billings Piperazine Worm Syrup	5994	27.3.57
Bi-O-Phos Tonic	5986	27.3.57
Bradley's Tablets	5896	27.3.57
British Bee Venom	5825	27.3.57
Bronchitis Mixture	5785	27.3.57
Bronko Cough and Bronchitis Mixture	5802	27.3.57
Buccaline Bena	5826	27.3.57
Buscopan Sugar-Coated Tablets	5819	27.3.57
Buscopan Suppositories	5818	27.3.57
Calcipen "Leo" Suspension	5759	27.3.57
Calcium Gluconate gr. 7½ with Vitamin D	5922	27.3.57
Calco	5872	27.3.57
Calgitex Dental Wool	5883	27.3.57
Calgitex First Aid Packs	5884	27.3.57
Calgitex Gauze Pieces	5585	27.3.57
Calgitex Ribbon Gauze E.N.T.	5886	27.3.57
Calgitex Ribbon Gauze Fast	5887	27.3.57
Calgitex Wool Fast	5888	27.3.57
Calgitex Wool Slow	5889	27.3.57
Carenon Ampoules	5866	27.3.57
Carenon Drops	5867	27.3.57
Children's A.P.C. Mixture	5942	27.3.57
Chrysaline White Petroleum Jelly	5752	27.3.57
Chrysaline Yellow Petroleum Jelly	5753	27.3.57
Cobb's Corn Cure	5854	27.3.57
Cochran's Healer	5777	27.3.57
Cochran's Mixture of Senega and Ammonia	5779	27.3.57
Cold Sore Cream	5932	27.3.57
Colourless Iodine	5804	27.3.57
Copax Analgesic Tablets	5964	27.3.57
Cortadren Ophthalmic Suspension 5 cc.	5890	27.3.57
Cortelan Eye Drops, 1 per cent.	5770	27.3.57
Cortril Ophthalmic Ointment 2.5 per cent.	5915	27.3.57
Cortril Tablets 20 mgm.	5914	27.3.57
Cortril Topical Ointment 2.5 per cent.	5913	27.3.57
Cortrophin	5876	27.3.57
Craven's Corn Reaper	5734	27.3.57
Craven's Cough Mixture	5737	27.3.57
Craven's Diarrhoea Mixture	5815	27.3.57
Crookes Cortico-Depot	5927	27.3.57
Crystapen V Tablets	5993	27.3.57
Cuticura Ointment	5751	27.3.57
Cynomel Tablets	5958	27.3.57
D & B's Diarrhoea Mixture	5816	27.3.57
Delphicol Capsules	5849	27.3.57
Delta-Cortelan Tablets	5771	27.3.57
Delta-Cortisone Tablets	5744	27.3.57
Dexebrom Tablets	5852	27.3.57
D.F.P. Eye Drops	5837	27.3.57
Diacell	5845	27.3.57
Dicoumarin-Organon Ampoules	5870	27.3.57
Diet-Ease	5965	27.3.57
Diet-Tabs	5975	27.3.57
Distaquaine V Sulpha Tablets	5943	27.3.57
Diuracet Tablets	5820	27.3.57
Doca Implants	5877	27.3.57
Doca Sublings	5878	27.3.57
D.P. Deep Penetration Cream	5746	27.3.57
Dux Cold Sore Lotion	5987	27.3.57
Dux Foot Massage Cream	5988	27.3.57
Dux Vitab Tablets	5989	27.3.57
Dux Vita-Plus Vitamin Tablets	5990	27.3.57
Ef-Cortelan Eye Drops 1 per cent.	5772	27.3.57
Ef-Cortelan Nasal Spray	5773	27.3.57

No. 5

VITAMIN E IN MEDICINE

BLOCK M. T. (316 Mt. Prospect Ave., Newark 4, N.J. (VITAMIN E IN THE TREATMENT OF DISEASES OF THE SKIN. Clin. Med. 60, 31-4 (1953).

Vitamin E can relieve a variety of dermatologic conditions, hitherto considered not amenable to therapy. These include: ulcerations; varicose eczema and stasis dermatitis; collagenous disorders, especially lupus erythematosus of the chronic discoid type; malignant disorders, particularly the superficial types; necrobiosis lipoidica diabetorum; and xanthomatous conditions.

Other disorders for which vitamin E therapy is helpful are: menopausal pruritus; unhealed surgical wounds and wound infections; roentgen ray burns; granulomatous tissue; the variety of conditions producing dry, scaly skin; diabetic gangrene; and leukoplakia.

It is imperative to use large doses of vitamin E, e.g. 100 mg. orally three times a day. In some cases even larger doses are needed, e.g. 600 mg. vitamin E daily orally.

KROHN B. G. (Bellflower, Calif.) and **POTTENGER F. M. Jr.** (Monrovia, Calif.). ALLERGIC RHINITIS: TOCOPHEROL THERAPY. Ann. Western Med. Surg. 6, 484-7 (1952).

Six cases of allergic rhinitis in which tocopherol relieved the edema and exudation are presented. The edema and exudation returned when tocopherol was withdrawn. They disappeared again when the patients resumed taking tocopherol.

All patients took a diet consisting of 4500 calories for adults, 2500 calories for children; calories were distributed as follows: 30 to 40% fat, little or no carbohydrate, balance in protein; soybean lecithin, one teaspoon with each meal; B-complex vitamin concentrate derived from rice bran, one teaspoon daily; raw liver, one tablespoon daily; and salt mixture, one to two tablespoons daily (50% of the cations being sodium). Tocopherol dosage varied from 50 to 400 mg. daily.

The diet which these six patients followed was probably important in relieving their allergy. No attempt was made to avoid any allergens to which the patients were sensitive. The diet in itself could not relieve their allergies, but it may have helped to relieve the allergic rhinitis with the tocopherol therapy where Dam and Glaser failed.

It is supposed that vitamin E relieves this allergic rhinitis because it is one of several factors that promote normal lipide and water metabolism.

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VICTORIA—Continued

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Ef-Cortelan Skin Lotion	5774	27.3.57
Ef-Cortelan Tablets 20 mg.	5775	27.3.57
Elsix	5868	27.3.57
Ergane Tablets	5803	27.3.57
Esdon Household Liniment	5728	27.3.57
Estinyl Tablets	5891	27.3.57
Eucapine Pastilles	5731	27.3.57
Euphased	5810	27.3.57
Eye Drops	5945	27.3.57
Eye Drops with Phenylephrine	5795	27.3.57
Eze-Burn	5946	27.3.57
Ferro-China Bisleri	5743	27.3.57
Finalgon Ointment	5929	27.3.57
Flavinea Soothing Salve	5855	27.3.57
Fleay's Cough Mixture	5856	27.3.57
Fleay's Diarrhoea Drops	5857	27.3.57
Fleay's Hair Restorer	5853	27.3.57
Flu Mixture	5786	27.3.57
Frezan	5823	27.3.57
Gentian Violet	5805	27.3.57
Geval Capsules	5903	27.3.57
Gloria Diet Tabs	5799	27.3.57
Glucoloid Brand Glucose Tablets	5847	27.3.57
Glycerin Suppositories	5923	27.3.57
Gross's Cod Liver Oil Tabs	5966	27.3.57
Hair-Life	5950	27.3.57
Haliborange Tablets	5745	27.3.57
Harris' Diarrhoea Mixture	5800	27.3.57
Head-Eze	5793	27.3.57
Hetrazan Tablets	5848	27.3.57
Hirudoid	5871	27.3.57
Hutcheson's Cough Mixture	5967	27.3.57
Hynes' Vitamin Tonic	5939	27.3.57
Hypette Vitamin B1 100 mgm.	5916	27.3.57
Imshi Corn Remover	5784	27.3.57
Influenza Powders	5933	27.3.57
Insulin Berna (Plain)	5829	27.3.57
Iodine Paint	5920	27.3.57
Johnson's First Aid Cream	5969	27.3.57
Junipah Mineral Spring Salts	5729	27.3.57
Jury's Bronchitis Mixture	5985	27.3.57
Kidsprin Tablets	5862	27.3.57
Lane's Sodium Citrate Tablets	5977	27.3.57
Lane's Worm Syrup	5978	27.3.57
Laurine Hair Tonic	5858	27.3.57
Leucovorin	5904	27.3.57
Liquifruta	5834	27.3.57
Liquid A.P.C.	5778	27.3.57
Losate Caplets, Stearns	5730	27.3.57
Lustre-Glow Dandruff Lotion	5979	27.3.57
Lutoral Tablets	5851	27.3.57
Magnetic Oil	5787	27.3.57
Mahron Bronchitis Mixture	5755	27.3.57
Malcolm's Antacid Powder	5940	27.3.57
Martin and Pleasance Teething Powder Tablets	5840	27.3.57
Meggezones	5864	27.3.57
Meratran Tablets	5741	27.3.57
Meratran with Reserpine Tablets	5742	27.3.57
Mercurochrome 2 per cent. Solution	5924	27.3.57
Meticortelone Tablets	5892	27.3.57
Mistol Aqueous	5836	27.3.57
Monotheamin and Amytal Pulvules	5833	27.3.57
Morrow's A.P.C. Mixture	5790	27.3.57
Morrow's Vitamin Tablets	5791	27.3.57
Multivitamin Fort Tablets	5934	27.3.57
N.A.I. Anaesthetic Sunburn Lotion	5844	27.3.57
N.A.I. Sun Tan Oil	5843	27.3.57
Nalorphine Hydrobromide		
Ampoules	5750	27.3.57
Narin Nasal Spray	5863	27.3.57
Nasal Drops of Phenylephrine and Napazoline	5788	27.3.57
Nasatonic	5797	27.3.57

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Nembutal Capsules gr. 1/2	5767	27.3.57
Nembutal Capsules gr. 1	5768	27.3.57
Nembutal Capsules gr. 1 1/2	5769	27.3.57
Neomycin Nasal Spray	5992	27.3.57
Neuralgine Compound Tablets	5995	27.3.57
Nucrose	5811	27.3.57
Nyal B Complex Tonic	5972	27.3.57
Nyal Children's B Complex Tonic	5973	27.3.57
Nyal Haemorrhoid Tablets	5974	27.3.57
Nyal Health Salt	5781	27.3.57
Old Gisborne Cough Mixture	5976	27.3.57
Pain Balm	5798	27.3.57
Paineze	5794	27.3.57
Pain Relieving Powders	5842	27.3.57
Paspat	5758	27.3.57
Penetrase "Leo"	5970	27.3.57
Penicillin Cream	5835	27.3.57
Penicillin Eye Cream	5899	27.3.57
Penicillin Lozenges	5900	27.3.57
Penicillin V Tablets	5841	27.3.57
Penta-Kaps Improved	5960	27.3.57
Pentapen Lozenges	5901	27.3.57
Peptone-Martindale	5879	27.3.57
Perihemin Capsules	5905	27.3.57
Periston N.	5754	27.3.57
Phosphorated Iron Vitamin Tablets	5727	27.3.57
Pile Tablets	5935	27.3.57
Piriton Syrup	5747	27.3.57
Piton Powder	5880	27.3.57
Placitate Tablets	5821	27.3.57
Praducil Tablets	5944	27.3.57
Prenatal Capsules	5906	27.3.57
Procillin Dry Fort	5902	27.3.57
Profenil	5928	27.3.57
Protamine Zinc Insulin Berna	5830	27.3.57
Quiescin	5881	27.3.57
Quinine Cold Tablets	5789	27.3.57
Red Cough Linctus	5925	27.3.57
Resedrine Tablets	5930	27.3.57
Rhino-Antipeol	5832	27.3.57
Rhugest	5860	27.3.57
Robinson's Antiseptic Lotion	5760	27.3.57
Robinson's Baby Cough Mixture	5761	27.3.57
Robinson's Children's Mixture	5762	27.3.57
Robinson's Cough Linctus	5763	27.3.57
Robinson's Hand Lotion	5780	27.3.57
Robinson's Influenza Bronchitis Mixture	5764	27.3.57
Robinson's Sore Throat Gargle	5765	27.3.57
Robinson's Universal Embrocation	5766	27.3.57
Salt Tablets	5936	27.3.57
Sal Vaprol	5861	27.3.57
Seda-Kof Linctus	5968	27.3.57
Sedamyl	5812	27.3.57
Sedobarg Tablets	5897	27.3.57
Senega and Ammonia	5735	27.3.57
Senega and Ammonia	5736	27.3.57
Senega and Ammonia Plus	5756	27.3.57
Senega and Ammonia A.P.F. 1947	5926	27.3.57
Senokot Tablets	5980	27.3.57
Senryb Soothing Syrup	5941	27.3.57
Serocalcin	5869	27.3.57
Sigma Relaxant Cough Mixture	5865	27.3.57
Sleigh's Decongestive Cough Linctus	5947	27.3.57
Sleigh's Iodised Throat Tabs	5948	27.3.57
Sleigh's Liniment	5949	27.3.57
Sleigh's Nasal Drops	5801	27.3.57
Sleigh's Vitamin Enriched Tablets	5796	27.3.57
Sodium Citrate Effervescent Tablets	5937	27.3.57
Sombulex	5813	27.3.57
Steele's Borated Foot Powder	5859	27.3.57
Streptomycin Specia	5895	27.3.57
Sucaryl Tablets Improved	5961	27.3.57
Suntan Oil	5782	27.3.57
Surbex Tablets	5962	27.3.57
Syrup Cocillana Compound	5838	27.3.57
Tagathen	5907	27.3.57

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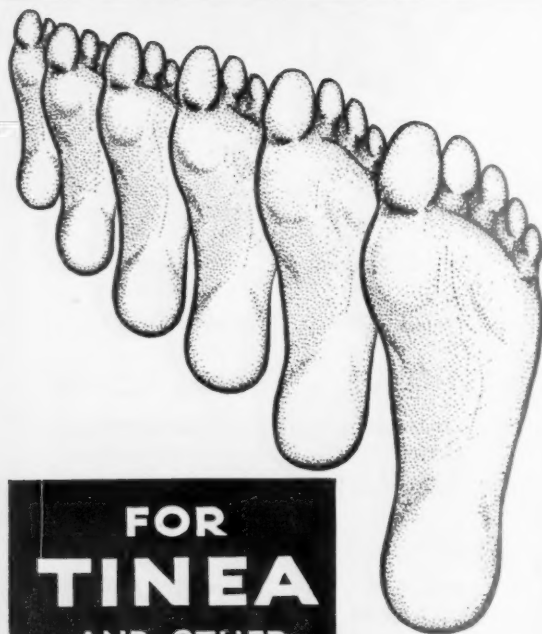
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Undex, which has proven its effectiveness in the prophylactic and therapeutic treatment of these infections, becomes more than ever a necessity to every pharmacist's stock.

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VICTORIA—Continued

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Tempogen Tablets	5996	27.3.57
Teropterin Solution	5908	27.3.57
Terramycin Ointment	5982	27.3.57
Terramycin Ophthalmic Ointment	5983	27.3.57
Tertroxin Tablets	5839	27.3.57
Tetracyn Hydrochloride Capsules 100 mg.	5917	27.3.57
Tetracyn Hydrochloride Capsules 250 mg.	5918	27.3.57
The Diamond Corn and Wart Remover	5733	27.3.57
Tinajel	5991	27.3.57
Tinea Paint	5938	27.3.57
T Linctus	5984	27.3.57
Tranquanil B	5732	27.3.57
Trephep	5814	27.3.57
Tryptar	5893	27.3.57
Tryptar Acrosol	5894	27.3.57
Varemoid Tablets	5831	27.3.57
Vi-Daylin	5963	27.3.57
Viraxacillin-Oral	5822	27.3.57
Vitasix	5971	27.3.57
"Wellcome" brand Ringworm Ointment	5846	27.3.57

List of Additions Published in Government Gazette, May 1, 1957

"Aerocortin" brand Otic Solution	6065	17.4.57
Anaesthetic Sunburn Lotion	6071	17.4.57
Antrenyl Ampoules	6014	17.4.57
Antrenyl Duplex Tablets	6015	17.4.57
Antrenyl Tablets	6016	17.4.57
Argotone Nasal and Eye Drops	6115	17.4.57
Asmacort Tablets	6104	17.4.57
Austral Children's Linctus with Pholcodine	6080	17.4.57
Austral Cough Linctus with Pholcodine	6081	17.4.57
Bourne's Bronchitis Mixture	6083	17.4.57
B-Plex Tablets	6097	17.4.57
Breezeazy Tablets	6004	17.4.57
Calcibronat Syrup	6068	17.4.57
Calcipen-Leo Injections	6108	17.4.57
Calcium Gluconate with Vitamin D	6095	17.4.57
Calcium-Sandoz + Vitamin C 500 mg. Ampoules	6069	17.4.57
Cherry Red Linctus	6084	17.4.57
Chilblain Tablets	6096	17.4.57
Children's Meggezones	6103	17.4.57
Chlor-Trimeton Maleate Tablets	6116	17.4.57
Colourless Iodine	6072	17.4.57
Coloxyl Paediatric Drops	6003	17.4.57
Coloxyl Tablets	6002	17.4.57
Cordex Tablets 0.5 mg.	6059	17.4.57
Corn Remover	6073	17.4.57
Cortadren Tablets	6056	17.4.57
Cortisone "Ciba" Eye Drops 1 per cent.	6017	17.4.57
Cortisone "Ciba" Eye Ointment	6018	17.4.57
Dequadin Paint	5997	17.4.57
Dial Ampoules	6019	17.4.57
Dial Tablets	6020	17.4.57
Diet-Form	6092	17.4.57
Do-Do Tablets	5999	17.4.57
Entero-Vioform Tablets	6021	17.4.57
Entoral	6112	17.4.57
Eticyclin Linguets	6022	17.4.57
Eye Drops with Phenylephrine	6074	17.4.57
Ezeride	6089	17.4.57
Ezy-Diet Tablets	6082	17.4.57
Femandren Linguets	6023	17.4.57
Ferronicum Syrup	6070	17.4.57
Folvite Solution	6012	17.4.57
Hall's Vegetable Pills	6011	17.4.57
Helmezine Tablets	6107	17.4.57

Distinctive Name of Proprietary Medicine	Serial Number	Date of Registration
Hopcroft's Pain-Ease Tablets	6113	17.4.57
Hostacortin Tablets	6001	17.4.57
Howell's Bronchitis and Influenza Mixture	6087	17.4.57
Howell's Senega and Ammonia	6088	17.4.57
Hydrid Ampoules	6100	17.4.57
Hydromyxin Nasal Spray	6000	17.4.57
Iodine Paint	6075	17.4.57
Kaomycin	6060	17.4.57
Lane's Bronchitis Mixture	6120	17.4.57
Lane's Soothing Syrup	6121	17.4.57
Liveroid	6119	17.4.57
Lutocyclin Ampoules	6024	17.4.57
Lutocyclin Implant Tablets	6025	17.4.57
Lutocyclin Linguets	6026	17.4.57
Lutocyclin M	6027	17.4.57
Lutocyclin Solution	6028	17.4.57
Lutovocyclin Ampoules	6029	17.4.57
Mallers Codos	6090	17.4.57
Mercurochrome	6008	17.4.57
"Migral" brand Ergotamine Com- pound	6066	17.4.57
N.A.I. Cough Mixture	6086	17.4.57
Nasal Drops	6076	17.4.57
Nasorax	6101	17.4.57
"Neosporin" brand Ophthalmic Solution (Sterile)	6067	17.4.57
Nervine	6091	17.4.57
Neuro-Trasentin Tablets	6030	17.4.57
Nupercaine Ampoules of 1:1500	6031	17.4.57
Nupercaine Base Crystals	6032	17.4.57
Nupercaine Powder	6033	17.4.57
One Day Nursery Lotion	6009	17.4.57
Ophthalmic-Antipeol	6114	17.4.57
Ovocyclin Implant Tablets	6034	17.4.57
Painese Tablets	6085	17.4.57
Paminal Tablets	6058	17.4.57
Pentoxylon Tablets	6006	17.4.57
Peptabs	5998	17.4.57
Pep-Uls-Ade Stomach Tablets	6005	17.4.57
Perandren Ampoules	6035	17.4.57
Perandren Crystules	6036	17.4.57
Perandren Implant Tablets	6037	17.4.57
Perandren Linguets	6038	17.4.57
Perandren Ointment	6039	17.4.57
Perandren Solution	6040	17.4.57
Percorten Ampoules	6041	17.4.57
Percorten Ampoules Water Soluble	6042	17.4.57
Percorten Ampoules 25 mg. Crystules	6043	17.4.57
Percorten Implant Tablets	6044	17.4.57
Percorten Linguets	6045	17.4.57
Percorten Solution	6046	17.4.57
Pholcodine Cough Linctus	6077	17.4.57
Prantal Repetabs	6057	17.4.57
Pyribenzamine Cream	6047	17.4.57
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VICTORIA—Continued

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Unitensen-R Tablets	6111	17.4.57
Unitensen Tablets	6110	17.4.57
V-B Fort Tablets	6098	17.4.57
Vioform Cream	6054	17.4.57
Vioform Powder	6055	17.4.57
Vitamin B Complex Fort	6079	17.4.57
Wak-Ets	6064	17.4.57
Wild Prune Cough Balsam	6117	17.4.57

PHARMACY BOARD

Monthly Meeting

The Pharmacy Board of Victoria met at 360 Swanston street, Melbourne, on May 8, at 10.10 a.m.

Present: Mr. W. R. Iliffe (President) in the Chair, Messrs. S. J. Baird, A. W. Callister, N. C. Manning, A. W. McGibbony, W. Wishart, F. C. Kent (Registrar), T. G. Allen (Minutes Secretary) and R. H. Borowski.

An apology for non-attendance was tendered on behalf of Mr. H. A. Braithwaite, absent in New Zealand attending a Pharmaceutical Conference.

Correspondence: Correspondence tabled included the following:—

To a distributor intimating that the sale of a poisonous substance in collapsible tubes was not approved by the Board.

From the Pharmacy Board of New South Wales forwarding Annual report for 1956.

To storekeepers in a country town advising that licences as General Dealers in Poisons could be restored as the pharmacy in the town had been closed.

To a number of candidates forwarding reports on examination papers presented at the May Examinations.

To the Police Drug Bureau forwarding reports concerning several suspected addicts and excessive supply of Aspirin and Morphia mixture.

To a wholesaler with reference to a report that a prescription had been presented by a medical practitioner to the company for dispensing and warning that for a wholesaler to do this renders him liable to prosecution under the Medical Act Part III and the Dangerous Drugs Regulations.

From the Victorian Branch of the Guild asking for clarification of a note published in a recent Society Bulletin concerning the responsibility of the chemist in relation to the key of the Dangerous Drugs cupboard. After consideration the Board recorded the opinion that the note published was a practical interpretation of the Regulations.

From the Society for Prevention of Cruelty to Animals inquiring if any action could be taken in regard to the number of dogs poisoned in the metropolitan area. A reply was sent pointing out that chemists had been asked by the Pharmaceutical Society through a recent Bulletin to note unusual requests for poison. The reply was approved.

Formal Business.—The following formal business was transacted:—

Applications for Registration: Nance Judith West, Russell Hamilton Pruden, Helene May Robinson (Final Exam. Vic. 6/3/57), Barrie Hugh Baldwin Gerrard, Pamela Patricia Curnow, Vincent Anthony Doquile, John Hamilton Davis, Annie Lilian Allen, James Alfred Mitchell, Graeme Alexander Smith (Final Exam. Vic. 5/11/56), Jocelyn Frances Camm, Geoffrey Allan Bingenman (Ph. Council W.A.).

Erasure of Names from Register: Zal Markov (decd. 16/4/57), Albert Dorman (decd. 22/4/57).

Managers and Relievers Notified: 50.

Business Changes Notified: 9.

New Businesses Opened: 5.
 Apprenticeship Indentures Registered: 42.
 Apprenticeship Indentures Transferred: 12.
 Apprenticeship Indentures Cancelled: 3.
 Apprenticeship Indentures Suspended: 8.
 Certificates of Exemption Issued: 44.
 Certificates of Identity Issued: 12.
 Opium Permits Issued: 12.
 Licences as General Dealers in Poisons Issued: 2.
 Licences to Sell Poisonous Substances: 6.
 Licences for Hospitals to Possess Dangerous Drugs: 7.

Police Reports re Poisonings: Sodium Amytal, 1 fatal; Quinine, Ergot and Strychnine, 1 fatal; Arsenic, 2 fatal; Barbiturate, 1 fatal.

Inspectors' Reports.—Reports of Inspectors Ahern and Plummer were presented by Mr. Borowski. The following matters were dealt with:—

Prosecutions.—A city chemist had been proceeded against by the Police, and fines totalling £25 were imposed. One of the charges was withdrawn. All of the charges related to breaches of the Dangerous Drugs Regulations.

Proceedings against a chemist in the outer metropolitan area were taken by the Board, and fines and costs amounting to approximately £42 were imposed for breaches of the Dangerous Drugs Regulations. In this instance Dangerous Drugs records had not been kept for several years, and several other serious deficiencies were noted.

Records and storage of Dangerous Drugs at a research institute were inspected by Inspector Plummer, who gave advice in the matter. Mr. Manning undertook to follow this up personally, and the offer was accepted by the Board.

A report was received to the effect that a member of the public had informed a chemist that he could obtain a Specified Drug without prescription from a wholesale distributor. The appropriate action was taken by the Inspector.

A report of visits to the pharmacy of a chemist whose name had been removed from the Register was received. The Registrar said no formal application for restoration had been received from the chemist.

A further report was received concerning conditions at a U.F.S. Dispensary, and the Board resolved that action be taken against the pharmaceutical chemist in charge.

A number of discrepancies in Dangerous Drugs balances were reported by a suburban chemist who had had a considerable number of relieving managers. A check had been made by the Inspector, who had advised the chemist that all stocks and records should be reconciled when a manager left. This advice was confirmed by the Board.

Reports of various other inspections made during the month were presented. Several of these disclosed neglect by chemists in regard to observance of requirements of Regulations, and the Registrar was instructed to write to those concerned requesting full compliance in the future and warning that reports of further breaches would lead to prosecution.

First Aid Centres in Industrial and Other Establishments: In some instances Specified Drugs were found to be in the possession of unqualified persons. The Board resolved that further detailed consideration be given to these reports with a view to determining what action was necessary.

June Final Examination.—Arrangements for supervision of the Oral and Practical Examinations were discussed and finalised.

Specified Drugs Regulations.—The President remarked that some matters needed further discussion and agreement before the complete redraft was submitted to the Minister for approval. In particular the question of distribution of Specified Drugs for veterinary use was mentioned. It was resolved that a special meeting be held to discuss this matter.

Sale of Poisons by Chemists.—Consideration was given to a memorandum received from Mr. K. Attiwill

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Dunedin Hospital is one of the four main hospitals in New Zealand and has 320 beds. A new subsidiary general hospital of 180 beds at Waikari has recently been commissioned and is administered in conjunction with Dunedin Hospital.

Further particulars of the position may be obtained from the office of this journal or from the undersigned.

APPLICATIONS, stating qualifications, age and experience, together with testimonials and health and radiological certificates, will be received by the undersigned until 10 a.m. on MONDAY, JULY 29, 1957.

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VICTORIA—Continued

concerning an article published in Melbourne "Truth" alleging that many chemists adopted the attitude that the sale of poisons involved too much bother. The Registrar's reply to Mr. Attiwill was read and approved.

Mercurial Ointments.—A memorandum was received from the Medical Director of the Royal Children's Hospital suggesting control of these substances which, he suggested, might be responsible in some cases for causing Pink Disease. The matter was referred to the Poisons Schedules Advisory Panel for investigation.

Digitalis Preparations.—A letter was received from a drug firm proposing that certain digitalis preparations should be placed on a prescription control basis. The matter was referred for further consideration.

Dangerous Drugs Regulations—Amendments.—The draft amendments submitted to the Health Department for approval by the Minister were returned to the Board with certain verbal amendments suggested. The Registrar expressed the opinion that the proposed amendments improved the draft without altering in any way the intention of the amendments. The Board concurred in the proposed alterations.

A further query arose regarding repeats of prescriptions issued by veterinary surgeons and dentists, and the Registrar was instructed to convey the Board's view on this point to the Department.

Name and Address Labels.—A chemist made a suggestion that every pharmaceutical chemist be allotted a registration number and that this might be used on labels in lieu of name and address where required under the Poisons Act and Regulations. After giving the suggestion consideration the Board recorded the opinion that it was not practicable.

Financial.—The Hon. Treasurer presented the monthly financial statements, and accounts totalling £660/8/1 were passed for payment.

Apprenticeship Dispute.—A letter was received from a chemist intimating that he was prepared to cancel the indentures of an apprentice provided the other parties agreed that the apprentice should not accept employment within a radius of one mile for a period of three years from the date of cancellation. The members expressed the opinion that this was a reasonable settlement of the dispute.

Apprenticeship Curriculum Committee.—Copies of a report of a meeting held on April 26 were tabled and commented on by members of the Board who had been present at the meeting. Mr. Callister said further meetings would be held.

The meeting closed at 2 p.m.

PHARMACEUTICAL SOCIETY

Council Meeting

The Council of the Pharmaceutical Society of Victoria met at 360 Swanston street, Melbourne, on May 1, at 9.40 a.m.

Present.—Mr. E. Scott (President) in the Chair, Mrs. P. A. Crawford, Messrs. S. J. Baird, A. G. Davis, F. W. Johnson, C. N. McLeod, J. R. Oxley, K. Ramsay, C. P. A. Taylor, G. H. Williams, F. C. Kent (Secretary), T. G. Allen (Minutes Secretary), and R. H. Borowski. Mr. K. G. Attiwill (Public Relations Secretariat) was also in attendance.

Portrait of Dr. Cyril J. Tonkin.—The President reported that in accordance with the decision of the Council the artist Mr. L. S. Pendlebury had been commissioned to paint a portrait in oils of Dr. Cyril J. Tonkin, former lecturer in the College of Pharmacy for many years. Mr. Pendlebury would start work on the portrait when the portrait of Dr. Byron L. Stanton, which he was engaged on, was completed. The President said he had informed Dr. Tonkin of the Council's

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intention, and Dr. Tonkin was pleased with the gesture.

Complimentary Dinner—Mr. C. P. A. Taylor.—Members of the Council agreed to a suggestion that a complimentary dinner should be tendered to Mr. Charles P. A. Taylor, "father of the Council," to mark the completion of 25 years of service by him as a Council member. It was resolved that details of this function be left in the hands of the Executive.

Presentation of Diplomas.—After some consideration it was resolved that the Presentation of Diplomas should take place somewhat later in the year than usual to coincide with the centenary celebrations of the Society.

Centenary.—Mr. Oxley spoke critically of the Council's lateness in planning for its centenary year. The President said that the matter had been discussed actively by the Executive, and it was proposed that the centenary period would commence on July 1, 1957. A number of suggestions were under consideration, but it was felt undesirable to proceed with publicity too far in advance in case interest should be lost.

A special sub-committee was appointed to draw up plans for suitably marking the completion of 100 years of service of the Society.

Correspondence.—Formal correspondence was tabled and the following letters were dealt with:—

From the Malayan Pharmaceutical Association, advising that a degree course in pharmacy was to be established at the University of Malaya, and asking for details of the Victorian course. Particulars forwarded.

To a number of members, thanking them for donations to the Victorian College of Pharmacy War Memorial Building Fund.

From a member, inquiring as to the provisions of the Labour and Industry Act in relation to long service leave. Details obtained and forwarded.

To Miss E. M. Witt, conveying thanks of the Council for her work in connection with the Library Subcommittee.

To Mr. J. A. Kruse, thanking him for the gift of a homeopathic formulary and vials for the museum.

To the Superintendent of the Telephone Branch, supporting applications of a number of members.

To the Ladies' Social Committee, conveying the thanks of the society for providing supper at the 100th annual meeting.

To three members, forwarding interpretations of foreign prescriptions.

From a medical practitioner, asking for back numbers of Medical Bulletins. Copies forwarded and Tasmanian Society notified.

To the Pharmaceutical Society of Great Britain, introducing several members who would shortly be visiting the United Kingdom.

From a representative of a commercial firm, seeking information regarding layout and equipment for establishment of a pharmaceutical development laboratory. It was resolved that this inquiry be referred to the Dean of the College.

From the Pharmaceutical Society of New South Wales, forwarding copy of a letter to the Director-General of Health, Canberra, recommending standardisation of size of medicinal tablets. Resolved that the Council support the action of the N.S.W. Society.

From the Dean of the College, drawing attention to the use of the title "pharmacist" in advertisements inserted by the Commonwealth Government Departments. On the suggestion of Mr. Oxley it was resolved that this matter be brought to the notice of the Pharmaceutical Association.

To Mrs. Dorman and to the relatives of the late Zal Markov, conveying sympathy in bereavements.

From a member, enclosing a copy of a questionnaire intended for use by persons contemplating the purchase of a business. The Secretary said that this had

been sent on to "The Australasian Journal of Pharmacy."

From the Pharmaceutical Society of Queensland, seeking information regarding the fellowship course in Victoria. Inquiry referred to Mr. A. T. S. Sissons for reply.

From a member of the public, complaining of the refusal of a chemist to dispense a prescription presented on a Sunday morning at a pharmacy. The President said that details would be investigated and an appropriate reply sent.

Registration of Masseur.—Advice was received from the British Medical Association concerning a protest to the Government against the introduction of special legislation to provide for the registration of an unqualified person as a masseur without examination. The President said the Council should add its protest against the principle involved, and it was resolved accordingly.

Sale of Poisons.—Consideration was given to a letter from the Pharmacy Board arising from an article published in the Melbourne "Truth," alleging that pharmaceutical chemists would not be bothered with the sale of poisons, and that there was laxity in the handling of these substances by other retailers.

Mr. Attiwill said a similar letter had been sent to the State Branch of the Guild by the Board, but with great respect he felt that it was a matter for the Pharmacy Board itself to handle. Mr. Baird said the article was directed at members of the public rather than at chemists. He thought, however, the Society should take steps to encourage its members to live up to their responsibilities. Some discussion took place, and it was finally resolved that an appropriate notice be included in the next Bulletin to members, drawing attention to the fact that it is a function of a pharmaceutical chemist to handle poisons and to comply with the requirements of the regulations for such transactions.

New Members.—The following were elected:—

Full Members (New).—Wappet, Marjorie Anne.

Transfer from Apprentice Membership to Full Membership.—Beaton, Kenneth Roy; Carter, Graham Harold; Constable, Robert James; Curnow, Pamela Patricia; Johnson, Beverley Margot; McArthur, Ronald Lex; McKay, Patricia Watmough; Savage, Haydn Joseph; Vibert, Beverley Frances; West, Nance Judith; White, Barry Johnstone B.

Apprentice Members Elected.—Alexander, Jeffrey William; Breen, Kevin William; Brown, Coral Frances; Dillon, John Joseph; Easton, Noelle Elizabeth; Gibson, Alison Elizabeth; King, Peter Vincent; Kuriata, Barbara; Moorhouse, John Henry; Paterson, Lucille Ann; Rathbone, Malcolm Roderick; Thurling, Leslie Robert.

Library.—On the recommendation of the Hon. Librarian (Mrs. P. A. Crawford) it was resolved that the following books be obtained for the Library:—

Progress in Clinical Medicine. 3rd edition. Edited by R. Dalay and H. Miller. London. Churchill.
The Historical Background of Chemistry. By H. M. Leicester. London. Chapman & Hall.
The Life of Bacteria. Their Growth, Metabolism and Relationships. By Prof. K. V. Thimann. London. The Macmillan Co.

Unethical Conduct Alleged.—A further complaint concerning the supply of name and address prescription envelopes by a chemist to a medical clinic was discussed. The President said that the member concerned had been interviewed by Mr. Borowski, and had subsequently telephoned him. As a result of what had taken place, the member, although he considered he had not acted unethically, had agreed to discontinue the practice complained of. Resolved that the thanks of the Council be conveyed to the member for his action in this respect.

Apprenticeship and Curriculum Committee.—A further progress report was received from this Commit-

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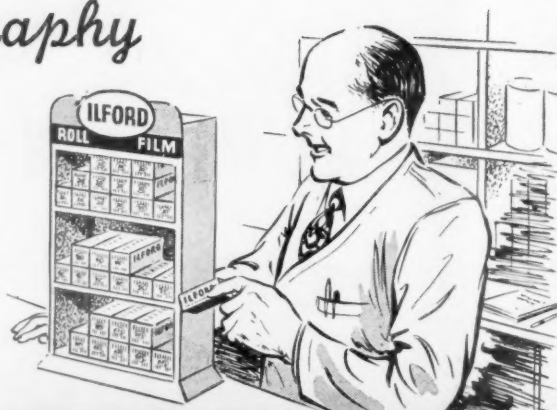
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VICTORIA—Continued

tee. Mr. Williams said the meeting was a most interesting one. Proposals in detail for the change-over, which would become effective when the new building was erected, were submitted by the Dean, and were being considered by members of the Committee. A report of the proceedings of this meeting would shortly be sent to the Council members. The report was received.

Examination Results.—Mr. Long said the Council should concern itself with the number of failures at examination. In the press that morning he had noted that the University was worried about the same question. He queried whether there was a defect in their system of permitting students to proceed to an advanced year while carrying subjects of an earlier year. He said he would like information also concerning the terminal examinations—were they compulsory?

Mr. Johnson, Chairman of the Education Committee, said this Committee would be meeting shortly, and would deal with the questions raised by Mr. Long.

Committee Meetings.—Mr. Oxley suggested that consideration by the Council be given to having every committee of the Council meet early in the year to appoint its chairman and determining its programme. He expressed the opinion that unless this were done committee work might be ineffective.

The President said this procedure was not always feasible. Some committees were not called upon to function until some special business arose, and he considered it wasted the time of members to call meetings unless there was business in hand.

The meeting closed at 11.50 a.m.

THE P.D.L.

Directors' Meeting

The 391st meeting of the Directors of Pharmaceutical Defence Limited was held at 18 St. Francis street, Melbourne, on May 15, at 9.35 a.m.

Present.—Mr. E. W. Braithwaite (in the Chair), Messrs. I. H. Barnes, W. J. Cornell, C. C. Fewtrell, E. A. O. Moore, F. N. Pleasance, J. W. Pollock, C. C. Wallis, and the Secretary.

Correspondence.—Formal correspondence was tabled, and the following were amongst the letters dealt with:

To Mr. I. H. Barnes, expressing sympathy on behalf of the P.D.L. Directorate following the death of his father on April 27.

To Mr. Maxwell E. Dunn, solicitor, conveying the thanks of the Directors for the interest he had taken in the matter of assistance to widows of members, and for having ensured wide circulation through "Law Institute Journal" of the fact that some service was available through P.D.L.

A country member forwarded receipts for money expended in replacing plate glass shelves that had been broken recently, and asked for reimbursement of their value. The Secretary said a check with Melbourne Fire Office Ltd. showed that the only policy the member held with that company was the Chemists' Indemnity insurance. As the papers had evidently been sent to P.D.L. in error, they were returned to the member with appropriate advice.

To the Pharmacy Board of Victoria, drawing attention to doubts regarding the extent of changes made in regulations affecting the use of calomel, and suggesting that an official statement on the subject should be published in "The Australasian Journal of Pharmacy," giving all preparations that are covered and how they are affected by the new regulations.—Reply received stating that the feasibility and desirability of publishing a list as suggested would be considered by the Pharmacy Board at its next meeting.

To the Pharmacy Board of Victoria, suggesting that it would be helpful to chemists throughout the State if an official statement prepared by the Board was published in "The Australasian Journal of Pharmacy," setting out the exact position in regard to prescriptions written by doctors registered outside Victoria, but presented for dispensing in Victoria. The general understanding was that a chemist in Victoria was not permitted to dispense a prescription for a dangerous drug if the prescription had been written by a doctor registered in another State. However, there was some doubt regarding the application of the National Health Service Regulations. In other words, whether an N.H.S. prescription must be dispensed by a chemist in Victoria, irrespective of the State of registration of the prescriber.—Reply received advising that in Victoria, under the Dangerous Drugs Regulations, a dangerous drug could not be dispensed legally except on a prescription written by a medical practitioner registered in Victoria.

To the Pharmacy Board of Victoria, suggesting that up-to-date copies of the Medical Registers of all States of the Commonwealth be held at the office of the Pharmacy Board, so that the identity of any prescriber (as far as State of registration was concerned) might be checked when any doubtful prescription was presented for dispensing.—Reply received advising that copies of the Medical Registers of all of the States were kept at the Board's office and renewed from year to year.

Discussion took place in regard to the dispensing of prescriptions written by doctors registered in another State, and it was felt that the position should be clarified. The Secretary was instructed to write to the Commonwealth Department of Health inquiring what would be the position of a chemist in Victoria who, on receiving a prescription signed by a doctor registered outside Victoria and calling for a dangerous drug or a specified drug, refused to dispense the prescription because it was not a valid prescription according to the law of the State of Victoria.

From the Town Clerk, City of Melbourne, enclosing form of nomination for the City Voters' Roll.—Resolved that the Chairman, Mr. E. W. Braithwaite; be nominated as the representative of this company.

Titling of Public Risk Policies.—A letter had been forwarded to Melbourne Fire Office Ltd., drawing attention to the possibility that a number of P.D.L. members were under a misapprehension concerning the extent of their Public Risk Cover by reason of the manner of titling the Chemists' Indemnity Policy. On this policy the words "Public Risk" appeared in large, bold capital type, and underneath, in much smaller type, appeared the words "Chemists' Indemnity." One of the Directors had contended that any member, on reading one of the numerous warnings that P.D.L. had issued on this subject, and glancing quickly at his policy, would feel that he was covered for Public Risk in all respects and take no further action. It was suggested that the present stocks of the policy be scrapped and a new policy printed, showing the words "Chemists' Indemnity" with equal prominence to that given to the words "Public Risk."

New Members Elected.—Messrs. Ian M. Foyster, West Heidelberg; Henry M. Shepherd, South Melbourne; Mark J. Stokes, East Bentleigh; Frederick Raven, Moonee Ponds; and Miss Marjorie L. Williams, Hobart (Tas.).

Members in Arrears.—The Secretary tabled a list of the names of 12 members whose dues for the current year were outstanding. It was resolved that a letter be forwarded, by registered post, to each of those concerned, advising that in the event of their dues not being paid before May 31 their names would be removed from the Register of Members.

Advertising.—A number of new suggestions for the scatter advertisements being used in "The Australasian Journal of Pharmacy" were made by members of the Directorate, and noted by the Secretary for use as opportunity offered.

VICTORIA—Continued

General Public Risk (Premises) Insurance.—Discussion took place on ways and means of extending this cover amongst members in Victoria. It was felt that a special campaign by Melbourne Fire Office Ltd. would produce good results.

Legal Advice.—Two inquiries, both concerning the premises occupied by members, were received and dealt with during the month.

Claims.—Dealing with an incident notified two months earlier, the member concerned reported that it was now unlikely that any further action would be taken.

Annual Renewal Notices.—A copy of the draft renewal notice for the ensuing year, amended to give special prominence to the General Public Risk (Premises) insurance, was forwarded to the Directors with the notice of meeting, and subject to the inclusion of a number of minor amendments brought forward at the meeting was approved.

Financial.—In the absence of the Hon. Treasurer, the financial statement was presented by Mr. Pleasance, who reported a balance of £935/19/10. Accounts totalling £755/2/7 were passed for payment.

The meeting closed at 12 noon.

THE GUILD

S.B.C. Meeting

The State Branch Committee of the Victorian Branch of the Guild met at "Guild House," 18 St. Francis street, Melbourne, on May 7, at 8 p.m.

Present.—Mr. N. F. Keith (President), Messrs. K. L. C. Davies, J. W. D. Crowley, E. Scott, W. R. Iliffe, F. L. Flint, A. K. Lloyd, I. A. Silverwood, C. I. Molloy, S. M. Adams, J. J. Cocking, A. O. C. Blake, C. K. Henshall, J. D. Clarke, J. K. Gosstray, A. Rigg, W. L. Hilyard, and the Associate Secretary, Mr. K. G. Attiwill, was present by invitation.

Death of Mr. A. Dorman.—Before proceeding with the business of the meeting the Committee stood in silence as a mark of respect to the late Mr. A. Dorman, a former member of the S.B.C. Letter of sympathy to be sent, expressing appreciation of Mr. Dorman's work for the Guild over a period of 25 years.

New Committee Member.—Mr. A. Rigg, of Shepparton, was elected to the State Branch Committee to fill the vacancy caused by the retirement of Mr. L. A. Hamon, for the balance of Mr. Hamon's term. The Committee extended a welcome to Mr. Rigg, who responded appropriately.

Executive Report.—The April Executive Report was adopted, and arising from the report it was decided that the merchandising service should be asked to seek an improvement in the distribution of Yardley products.

Correspondence.—From the Pharmaceutical Society of Victoria, requesting two nominations for the Hospital Dispensing Committee. Mr. Adams and Mr. Lloyd were elected.

A letter objecting to a request from H.B.A. regarding age requirements was deferred until the next meeting. In the meantime it was decided that districts should be advised to ignore H.B.A. instructions on this age requirement.

A request from the U.K. Trade Commissioner for a copy of the ethical price list is to be referred to Federal Office.

A request from a country doctor to purchase the Prescription Proprietaries price list was discussed. Mr. Crowley moved that the request be granted and a letter sent pointing out that the prices in the book are correct, but broken quantities are not in proportion to the pack prices, and thanking the doctor for

his co-operation. Concerning general policy regarding the selling of the pricing service, it was decided to refer this to the Pricing Committee.

P.A.T.A.—A copy of the P.A.T.A. agreement was read, particularly the section relating to the allowing of discounts to factories. It was decided that unless this clause of the agreement is deleted the Guild should advise its members to withdraw support of P.A.T.A.

Federal Merchandising Service.—The S.B.C. was invited to nominate a representative at the Federal Trade and Commerce Conference in August next. Mr. Iliffe was nominated.

A letter asking for a decision on Bristol Myers' request for a mileage alteration on Ipana resulted in the voting delegate being instructed to vote in favour of this reduction.

Federal Report.—Mr. Scott spoke at some length on N.H.S. Dispensing. Much stress was laid upon "standards," and it was advised that thought had been given to the setting up of machinery for the study of standards. Mr. Scott said that the cost would be heavy, and could be financed only by a tax on prescriptions; to make this set-up possible, he added, it was imperative that 100 per cent. co-operation be given, and it was requested that the matter be discussed at district meetings, and expressions of opinion be obtained for the July S.B.C. meeting.

Mr. Adams and Mr. Hilyard reported on the meeting held at Geelong for Mr. Jewkes, and Mr. Crowley reported on the Ballarat meeting.

New Members Elected.—Messrs. F. A. Bolton, Bendigo; J. S. Albon, North Blackburn; B. McClusky, Koo-wee-rup; M. J. Stokes, Bentleigh; H. M. Shepherd, South Melbourne; I. M. Foyster, West Heidelberg; F. Raven, Moonee Ponds; Misses J. Fuga, Kew; M. P. Hayes, Reservoir; and Mr. and Mrs. A. A. Mayhew, West Preston.

Branches.—The following branches were recorded:—Mr. J. F. White, Birdwood avenue, Stanhope, and Mr. J. B. Gough, 81 Silverdale road, Eaglemont.

District Reports were presented as follows:—

District No. 8.—Average P.B.A. Scripts: The district reported that the average figure of £1 for P.B.A. scripts is considered too high.

H.B.A. Collections.—The district requested that the Guild give a ruling that payments of H.B.A. subscriptions of less than one month are not to be accepted. A motion was presented in respect of Schedules A, B and C, and received the support of a seconder, but was lost.

District No. 19.—

Discontinued Lines.—It was decided that the wholesale price should be omitted in discontinued lines left in the price list.

Public Relations Men.—The suggestion that the Guild should have at least two permanent Public Relations men visiting members was favourably received, but it was agreed that at present finance was the problem.

District No. 4.—

N.H.S. Dispensing.—The district again expressed dissatisfaction with the fees paid by the Government on P.M.S. and N.H.S. dispensing.

Sundries Mark-ups.—To the request that a list of percentage mark-ups on sundries be issued, it was stated that such a list had been circularised.

Queen's Birthday Holiday.—It was decided that Monday, June 17, be a holiday, with the roster operating.

Returning Officer.—Mr. Adams was appointed Returning Officer for the 1957 elections.

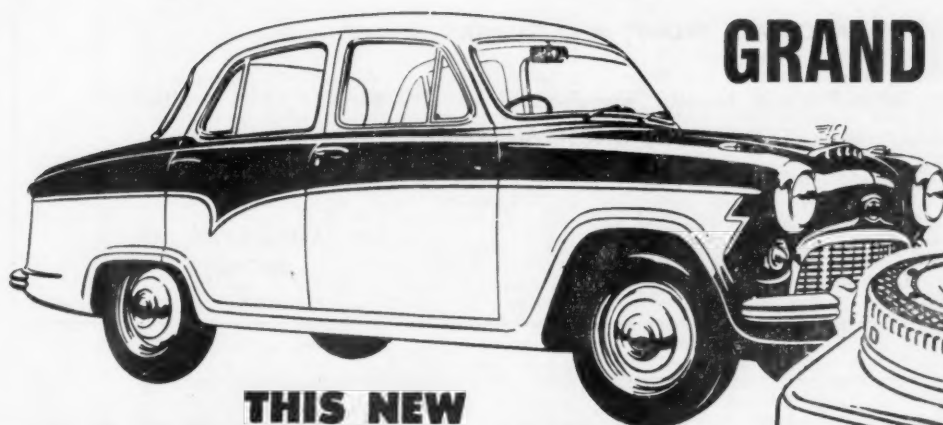
Nominations for District Delegates.—It was decided that nominations for delegates for the even numbered districts be called for May 14, and that the closing date for return of nominations be May 30.

Annual Meeting.—It was decided that the annual meeting be held on Monday, August 26, and that the form of the meeting should be discussed by the districts and the Executive.

The meeting closed at 12.20 a.m.

Cash in Johnson's on... Jingle Contest

GRAND PRIZE



THIS NEW

AUSTIN A55

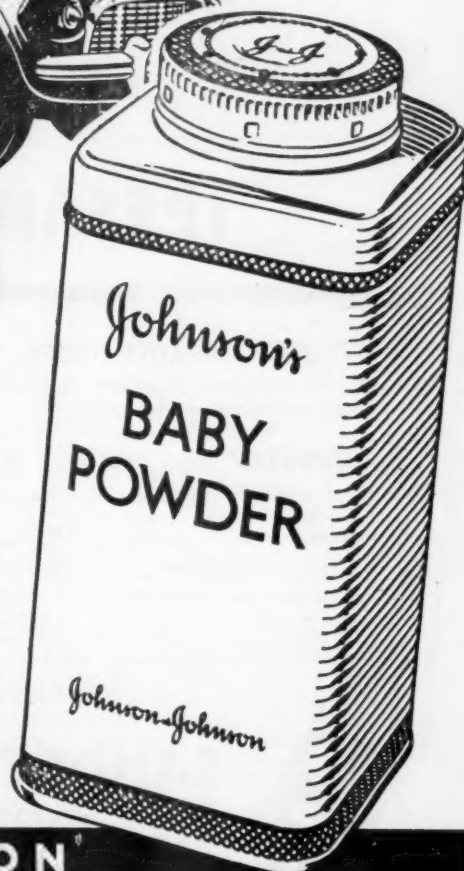
"The New Look in Family Motoring"

PLUS 100 GALLONS PETROL!

Don't fail to tie in with Johnson & Johnson's newest contest. It will make Johnson's Baby Powder sell faster than ever! And the bonus prize of 100 gallons of petrol will certainly add incentive.

First announcement of this mighty contest will be made on the "Quiz Kids" (over 57 stations) on May 26, and "Robin Hood" (over 17 stations). Concentrated support will be given until the contest closes on August 9 by a recorded series of breakfast-time spots on 19 stations . . . TV in Sydney and Melbourne, PLUS 1/2-page colour in the "Women's Weekly" on July 3.

This extra advertising will result in extra sales, so make sure you get YOUR full share! Display Baby Powder prominently . . . use the showcards in your best positions . . . it will pay off with extra £.S.D. for you.



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149 CASTLEREAGH STREET,
SYDNEY

IPESANDRINE SYRUP

EXPECTORANT-SEDATIVE COUGH THERAPY
for the treatment of irritant and inflammatory conditions of the respiratory tract.

COMPOSITION—Each fluid ounce contains:

Total alkaloids of opium (pure hydrochlorides of morphine, codeine, papaverine, narcotine and nerceine) 10.8 mg. (1/6 gr.)
Emetine hydrochloride 2.2 mg. (1/30 gr.)
Ephedrine hydrochloride 16.2 mg. (1/4 gr.)
Alcohol 2 ml. (30 minims)
Balsam Tolu—Cherry Laurel Water.

THERAPEUTIC ACTION—Small doses of opium alkaloids inhibit the cough reflex and soothe irritation of the respiratory tract. Ephedrine dilates the bronchioles and relaxes bronchial spasm. Its action is thus complementary to that of the ipecacuanha alkaloids which stimulate bronchial secretion, the combined effect being that the sputum is more easily expectorated and breathing is facilitated, especially in asthmatic conditions.

INDICATIONS—Common cold; bronchitis, acute and chronic; asthmatic bronchitis; laryngitis; tuberculous cough; post-operative bronchitis.

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QUEENSLAND

PERSONAL and GENERAL

State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in Queensland, Miss D. Brighouse, 'phone B 8407.

Mr. A. A. Testa is establishing a pharmacy at Childers, making the second in the town.

Mr. R. M. Warrick, who has been managing the pharmacy at Mt. Larcom, has now purchased **Mr. Miles Parsons'** pharmacy at Mt. Morgan.

Mr. H. E. Ferguson, of Chermerside, is establishing a branch pharmacy at Allan & Stark's new drive-in store, which is to be opened at Chermerside at the end of this month.

Mr. A. Emmanuel and **Mr. R. V. Warren** have purchased **Mr. C. P. Rigg's** pharmacy at Dalby. Mr. Warren proceeded to take over the management of the pharmacy at the beginning of the month.

Marriage.—Congratulations and good wishes are extended to **Mr. John Gardner**, of Ingham, whose marriage to Miss Patricia Gent, Highgate Hill, took place on Easter Monday at St. Andrew's Church of England, South Brisbane.

Mr. A. E. Wright, of Goomeri, has purchased **Mr. A. Emmanuel's** branch pharmacy at Sandgate road, Nundah. Mr. Wright proposes to conduct his new pharmacy at Nundah as a branch of his Goomeri business. **Miss Shirley Trotter** will be managing the Nundah pharmacy.

HE NEEDED THAT TONIC

A man walked into a Bundaberg pharmacy during the month, bought a bottle of nerve tonic, then walked straight through a £120 plate glass wall.

Startled by the crash of glass, the man turned around, walked across the shop, and stopped inches short of another glass wall.

The accident occurred in the pharmacy of **Mr. Chris Caris** at the corner of Burbong and Targo streets. The pharmacy, which features big areas of glass in the walls, was only opened by **Mr. Caris** two weeks earlier. **Mr. Caris** said the customer would have walked through the second wall if he hadn't called out to him.

Gift of £2000 for Ambulance.—**Mr. and Mrs. T. G. Cullum**, of T. G. Cullum Pty. Ltd., wholesale druggists, Brisbane, made a generous donation of £2000 to buy an ambulance for a new station to be built at Chermerside.

PHARMACIST TRAVELLERS RETURNED FROM OVERSEAS

Pharmacists who have returned from overseas during recent weeks include **Misses Shirley Trotter**, **Hildaguarde Reuther**, **Joyce Bostock**.

Miss Trotter and **Miss Reuther** were away several years, during which time they did a little pharmacy work.

Miss Bostock went to England in 1952 intending to stay six months, but she stayed on for 4½ years. **Miss Bostock** said pharmaceutical qualifications are a passport to a well-paid job in practically every European

country, and she managed to see them all. For the past ten months **Miss Bostock** enjoyed a cross-country tour of America.

Miss Eleanor Chalmers, of Taringa, will leave by plane for overseas at the end of the month. She will spend some months visiting relatives and sight-seeing. At the May Council Meeting of the Pharmaceutical Society a small presentation was made to **Miss Chalmers** with best wishes for an enjoyable trip from her fellow Society Councillors. During her absence **Miss Chalmers'** pharmacy at Taringa East will be in charge of **Miss Hildaguarde Reuther**.

COUNTRY VISITS BY GUILD OFFICERS

On May 24 the State Vice-President, **Mr. C. A. Nichol**, and the Pricing Officer, **Mr. A. B. Chater**, set off on their visit to Guild members at Cairns, Townsville, Mackay, Rockhampton and Bundaberg.

A Sunday meeting was planned for Cairns on May 26 to enable members from surrounding towns better opportunity to assemble.

This will be **Mr. Chater's** first visit to these centres as Guild Pricing Officer in this State. We are sure the information on pricing that he will impart to members will be greatly appreciated. We trust that this will be the first of other visits in the future which the Pricing Officer will be able to undertake.

The Vice-President, **Mr. Nichol**, has visited these centres previously. He is looking forward to meeting new members since his previous visit and renewing acquaintance of members he met on former occasions. **Mr. Nichol** will speak to members in all centres on Guild matters generally, and we are sure that he, too, will have much of interest to relate.

DEATH OF DR. OTTO HIRSCHFELD

Hundreds of doctors who passed through Queensland University and trained at the Brisbane General Hospital owe a debt of gratitude for the help given to them by **Dr. Otto Hirschfeld**, who died suddenly in Brisbane on May 29.

Dr. Hirschfeld, who was 59, had been Chancellor of the University since 1953 and Senior Physician at the hospital since 1938.

He was recognised as one of the State's foremost physicians. He had specialised knowledge of diabetics and was one of the main lecturers at the University's medical school.

Dr. Hirschfeld had been indisposed at his home in Clayfield since May 25. His condition became worse this week, and he was removed to a private hospital in Clayfield where he died.

He graduated from the Queensland University in science in 1919 and from the Melbourne University in medicine in 1923. He was a Master of Science, Bachelor of Medicine, Bachelor of Surgery and a Fellow of the Royal Australian College of Physicians.

He was elected to the University Senate in 1950, became Deputy Chancellor in 1952, and succeeded the late **Mr. W. Forgan Smith** as Chancellor four years ago.

The late **Dr. Hirschfeld** was also one of the Queensland representatives on the Interstate Committee handling details of the Commonwealth Health Department's proposals for uniform Poisons Schedules.

Dr. Hirschfeld leaves a widow, two sons, **Brian** and **Keith**, both of whom are doctors, and two daughters,

QUEENSLAND—Continued

Miss Hilary Hirschfeld, a physiotherapist; and Mrs. Brian Loveridge. We extend sincere sympathy to the members of the family.

AUSTRALIAN CHEMISTS' GOLF CARNIVAL April 26 to May 3

Daily fields of over 80 chemist golfers played on Brisbane links, Coolangatta and Tweed Heads Links, Indooroopilly Golf Links and Royal Queensland Links during the Australian Chemists' Carnival held in Brisbane from April 29 to May 3. The weather was ideal for the duration of the Carnival, and although all courses were very dry and in need of a good shower to brighten up the fairways, nevertheless good cards were returned, and trophies were difficult to win, as Stableford points of over 40 by the winners were returned each day.

The major event at the Carnival was the Samuel Fripp Memorial Cup, a teams event played for by seven representatives from each competing State and won by the Victorian Team in 1956.

The Championship results were as follows:—

Teams Event

New South Wales defeated Queensland five games to two, and won the right to challenge the Victorian holders of the Fripp Memorial Cup.

Samuel Fripp Memorial Cup

New South Wales defeated Victoria six games to one. Scores: L. Skinner d. G. Fawaz 4-3, B. Daly d. R. Hare 5-4, T. Hollingsworth d. N. Turnbull 1 up, W. Rourke d. A. Hallett 2-1, A. Hughes d. S. Buscombe 6-5, H. Eisenberg lost to F. Montegano 2-1, W. Timmony d. M. Ross at 22nd.

Australian Chemists Open Champion

Brian Daly, N.S.W.

Runner Up

Laurie Skinner, N.S.W.

Interstate Stableford Event

Bert Asprey (Qld.) 37 points.
Warwick Rourke (N.S.W.) 31 points.
Norm Turnbull (Vic.) 31 points.

Annual Meeting Australian Chemists' Golf Association

President: J. C. Wheeler (Qld.).
Vice-Presidents: T. Beacham (V.), A. Weir (N.S.W.).
Secretary: R. Bray (N.S.W.).
Joint Secretary-Treasurer: R. Brodrick (V.).

The next Australian Chemists' Carnival and Championships will be held in Sydney from May 4 to 9, 1958.

PHARMACEUTICAL SOCIETY

Council Meeting

The Council of the Pharmaceutical Society of Queensland met at Drysdale Chambers, Brisbane, on May 9, at 8 p.m.

Attendance.—Mr. R. V. S. Martin (President), Misses E. F. Chalmers and G. Elliot, Messrs. R. S. F. Greig, L. A. Stevens, J. S. D. Mellick, F. M. Woods, I. M. Young, J. E. McCaskie, G. R. Wells, B. F. Page, and the Secretary.

Discussion Group.—Mr. Stevens said the Discussion Group had met the previous evening. There was an attendance of over 20. He was hoping there would have been a fuller attendance. He trusted those who had attended had found the evening most interesting.

Report on August Social Function.—Mr. Woods said he had made a tentative booking at "Whytecliffe" for August 6. He had now found that the booking had been made a week prior to the Exhibition. If he was unable to get a booking during Exhibition Week, would it be in order to have the function on August 6.

Mr. Mellick suggested a Supper Dance. From the menus submitted by "Whytecliffe" something could be selected which would make the charge round about one guinea or 25/- per head. He felt at this charge it would be possible to get a better attendance.

Mr. Page supported Mr. Mellick's suggestion and moved that inquiries be made of "Whytecliffe" as to the possibility of holding a supper dance. Seconded by Mr. Stevens. Carried.

Correspondence.—To Pharmaceutical Association, re Travelling Scholarships, stating the Council feels that if the age limit for such Scholarships was waived, more applicants would possibly apply, the Committee would have a wider choice of selection, and possibly in this way pharmacy in Australia would be better served.—Reply stating our communication would be placed before the Executive of the Association when it next meets in June.

To Pharmaceutical Society of Victoria, advising that several members were interested in the A.P.F. Bulletins, and inquiring if it would be possible to secure a complete set from the commencement of the bulletins.—Reply stating that they can only supply one set of the bulletins 1 to 9 as supplies have become exhausted.

From Miss Chalmers, applying for leave of absence from the Council for six months to enable her to travel overseas.—Mr. Greig moved that Miss Chalmers be granted leave of absence, coupled with the Council's best wishes for a very good trip abroad, and that a letter of introduction be given to her from this Council to the Pharmaceutical Society of Great Britain. Seconded by Mr. Mellick. Carried. The President said he had much pleasure in handing to Miss Chalmers the letter of introduction which had been prepared by the Secretary. Miss Chalmers thanked the members for their good wishes.

New Members Elected—

Full Member: Mr. A. A. Testa, Childers.

Associate Members: Miss C. M. Enright and Messrs. A. H. Hingston, P. M. Darley, R. R. Wilson, P. A. Coffey, B. E. Bryant, C. H. Nearhos, A. Horsburgh, K. E. Auld and G. Kotzas.

Journal Reports.—The usual reports on articles in current issues of "The Australasian Journal of Pharmacy" and overseas publications were submitted.

Pharmacy Board.—Mr. Martin reported on matters which had come before the meeting of this body.

Presentation to Miss Chalmers.—The President said as this would be the last Council meeting Miss Chalmers would attend prior to leaving for overseas at the end of the month, he would ask her to accept a small token from members of the Council with their wishes for a very enjoyable and interesting trip.

Miss Chalmers, who was taken by surprise, expressed sincere thanks to members of the Council for their kindness and good wishes for a very pleasant trip.

The meeting closed at 11.35 p.m.

THE GUILD

S.B.C. Meeting

The State Branch Committee of the Queensland Branch of the Guild met at Drysdale Chambers, Brisbane, on May 2, at 8 p.m.

Attendance.—Messrs. W. A. Lenehan (President), C.

'Eskay's Neuro Phosphates'



● I remember now. That was the stuff that did Connie's child so much good after his 'flu. I'd been meaning to ask her . . .

Oh, it's not *me*, only father's been feeling very "elderly" lately, so after what Connie said I thought he ought to have a course of it to pick up his appetite. I'd better get some while I'm here.

I could have told you—our doctor had me on it for a while. But I didn't know you were feeling run down.

Could you have anticipated that purchase and reminded the customer to get her 'Eskay's Neuro Phosphates' by any other means than point-of-sale display? Display pays hands down with a product like 'Eskay's Neuro Phosphates', which has been a household word for many years.

In 8 oz. bottles

RETAIL PRICE 7/6 EACH

Smith Kline & French Laboratories (Aust.) Ltd.
(Incorporated in England)
Corner Denison & Spring Streets, North Sydney, N.S.W.

AN  PRODUCT

from every angle

Bex IS GOOD BUSINESS



From a retail point of view Bex has everything—the largest demand for a pain reliever in Australia; frequent repeats; and a rapid rate of turnover that multiplies the profit on your outlay very many times in the year.

In addition, retailers know that the manufacturers stand solidly behind them with big scale, nation wide advertising in the press and over the air, and with point of sale display material.

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QUEENSLAND—Continued

A. Nichol, L. Hall, W. E. Martin, L. W. Huxham, A. McFarlane, A. W. Eberhardt, R. M. Ward, A. Bell, J. J. Delahunty and the Secretary.

Visit to N. Q'd. by Mr. Nichol and Mr. Chater.—The Secretary reported that she had written to the various zones advising them of the forthcoming visit of Mr. Nichol and Mr. Chater, and asking the Zone Secretaries if they would make the necessary arrangements.

It was suggested, as pricing is a subject which is of vital importance and interest to every pharmacist's staff, that members in the centres to be visited be invited to bring their qualified staff.

Retail Price List.—Mr. Bell reported that the new copy of the retail list would be issued about May 20.

New Member Elected.—Mr. A. A. Testa, of Childers.

Correspondence.—To Federal Merchandising Manager, advising that Queensland opposes the 5 mile limit, and agrees to adhere to the 20 mile radius as at present; also inquiring if he can furnish information as to the result of sales for Ipana in South Australia since the radius was reduced to 5 miles in that State.—Reply advising he has been in touch with Mr. Lenehan to explain that there will be no information on the 5 mile limit in South Australia until 12 months have elapsed.

After much discussion, Mr. Hall moved that we adhere to the 20 mile limit. Seconded by Mr. Eberhardt. Carried.

Federal Secretary, stating Queensland is of the opinion that it would be a catastrophe if "Family Circle" was made a give-away publication. Several ways by which it is felt that the magazine can be improved were suggested, and furthermore, it was recommended that the members generally should have an opportunity of expressing their views on the future handling of this publication.—Reply by the Merchandising Manager, stating that Queensland's comments will be placed before the Federal Executive when it meets shortly; also stating that the Managing Director of "Family Circle" died recently.

To Federal Secretary, stating that chemists in a country town in Queensland report that two veterinary surgeons are opening a shop in the main street. They are announcing that they are offering a new service to the district. They sell dispensed veterinary medicines and stock all veterinary instruments and requirements. Enquiring if he knows of veterinary surgeons in other States who conduct such a practice.—Reply stating there are a number of shops conducted by qualified veterinary surgeons in the Southern States. Legally, there is nothing to stop a veterinary surgeon from conducting such a business, although it is somewhat frowned upon by the veterinary association.

After discussion, it was agreed that the member concerned be advised of the information received from Federal Office; also that he be advised that it is felt that nothing can be done at the moment, but suggesting that possibly one or two of the pharmacists in the town call on the veterinary surgeons concerned in an endeavour to see that their drug prices, etc., coincide.

To Federal Secretary, re Travelling Scholarships which are at present available to pharmaceutical personnel. Stating the Committee considers there should be no age limit for such scholarships and the Selection Committee should have the right to choose any applicant, irrespective of age, who applies for Travelling Scholarships.

To Federal Merchandising Manager, requesting him to take up with the manufacturers of "Kotex" and "Modess" the wrapping of their products in plain brown paper. It was felt that this would obviate quite a deal of time now devoted to wrapping by members' staffs.—Re-

ply advising he has contacted both companies. They state the problem is world-wide, and neither has been able to overcome the difficulty permanently because whatever pack is used ultimately becomes well known to the public and identifies the contents. Both companies are sympathetic to the request and will do something about it if possible.

To the Pharmaceutical Association, advising with regard to travelling scholarships, that this Committee feels that the Selection Committee should have the right to choose any applicant, irrespective of age, who applied for such scholarships.

To the Liaison Committee, conveying thanks to Mr. Mellick, who spent a lot of time and energy in collaboration with staff of the "Telegraph," which contributed in no small measure to the success of the Pharmacy Supplement in this State.

To Mr. Ward, Secretary, Federated Miscellaneous Workers' Union, stating this organisation is an employers' organisation of master pharmacists and has no members who are eligible for membership of his organisation.

From Federal Secretary, advising a price list of veterinary products has been compiled and copies have now come to hand. Pointing out that the printing of this list presented a problem, and finally it was decided as regards the initial production to confine the products to those which had a Commonwealth price.—The Secretary reported that this list had just come to hand and would be distributed within the next few days.

From Federal Merchandising Manager: (1) Advising that Victoria has again won the Merchandising Competition for 1956. South Australia was second and Queensland third.—The Secretary reported that she had written to Victoria offering congratulations from this State.

(2) Forwarding copy of communication sent to Mr. Copeland, Merchandising Supervisor, in which he reports that the manufacturers of "Glucojels" are now able to increase production, and as a result they are holding a colour competition for children on a Commonwealth basis. All members will be circularised concerning same very shortly.

Mr. Nichol suggested that it would be an advantage if a colourful plastic container was available for display of "Glucojels." He felt sure members would not mind purchasing a suitable unit to hold the "Glucojels."

Mr. Ward said he secured a large glass jar, similar to those used in confectionery shops, to display his "Glucojels."

Mr. Bell urged that consideration be given to a special presentation pack of "Glucojels." He thought there would be a good field of sale for a special ½-lb. pack in a glass jar or a special cellophane pack. A special pack might even be prepared for Christmas.

The Secretary was requested to pass on these suggestions to the Merchandising Section for consideration and investigation.

Federal Delegate's Report.—Mr. Martin reported that all matters of a Federal nature had been dealt with in the correspondence.

Pharmacy Board.—Mr. Nichol enumerated matters which had come before the Board.

The meeting closed at 10.35 p.m.

P
D
L

Advises
Both
These
Insurances

(a) Chemists'
Indemnity
(b) General Public
Risk (Premises)

SOUTH AUSTRALIA

PERSONAL and GENERAL

State
News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in S.A., Mr. E. F. Lipsham.

Mr. D. Farley is to embark for England during the month of June.

Mr. W. Vivian visited Kadina during May to act as locum for Mr. J. Burns.

Mr. J. Schultz is now managing Stevens' Pharmacy, The Arcade, Rundle street, Adelaide.

Mr. F. Klaffer has opened a new pharmacy in Darlington.

Mr. B. White has been managing for Mr. L. Davison, of Kilkenny, in recent weeks.

Miss K. Ward is to assist Mr. W. Cotterell, of St. Peters, during the month of May.

Mr. T. Lee is now registered as the manager for F.S.M.A., Hindmarsh.

Mr. Ian Hennessey is in charge of the pharmacy at Morphettville conducted by Mr. E. C. Sauer.

Mr. A. Lower is now managing Carrig's Pharmacy in Woodville.

Miss S. Martin has been assisting Mr. E. Theel, of Birks Pharmacy, Rundle street east.

Miss G. Stunell assisted Mr. G. Ball, of Edwardstown, at the end of April and Mr. J. C. Rowe, of Linden Park, at the beginning of May.

During the absence of the proprietor, **Mr. A. Tiver**, the pharmacy in South Glenelg was managed by **Mr. A. Hodgson**.

Mr. D. Farley has been managing the Plympton pharmacy conducted by Mr. H. Flaherty during the absence of Mr. I. Duggin.

Mr. E. John, of Renmark, went down to Kingston for three weeks in May to allow Mr. M. Murton to have a holiday.

Just prior to the start of the academic year **Mr. K. Glastonbury** acted as manager for Mr. A. B. Field, of Woodlands Park.

Miss Heather Smith spent three weeks in April in Henry Francis & Co., Myer Emporium, as arranged with Mr. G. Mildred.

Mr. A. Bajornas has left the Friendly Society Medical Association and joined the staff of Mr. A. Michaels, of Port Adelaide.

Mrs. Avis Smith (nee Chapman) has arrived in Adelaide with her family and gone up to Broken Hill to live.

Mr. P. Cosgrove went to Port Pirie F.S.M.A. at the end of May and then took over the managership of the Croydon branch.

Miss Marma Folkert embarked during June for California, U.S.A., to take up permanent residence with her parents in San Francisco.

Mr. E. Sullivan, of Maylands, has recovered from his illness and taken over his pharmacy from Mr. R. Spafford. The latter then assisted Mr. C. A. M. Reid, of Anzac highway, Glenelg.

Mr. B. Middlemiss has moved from Taillem Bend (Mr. L. Manning) to manage the pharmacy at Blackwood conducted by Mr. Rex Daniel during the owner's absence abroad.

Mr. F. M. J. Moore writes from Tokyo, Japan, of the "go as you please" system of drug stores in Singapore and Hong Kong, and of the splendid Cantonese dinner tendered to him by the Hong Kong Pharma-

ceutical Society—started 7 p.m. and finished at midnight.

Mr. Gordon Higgins writes from Mexico of seeing the famous University and of a full day spent inside the beautiful walls (in fine mosaic) of these buildings. He also comments upon seeing, in that country, the finest and most modern of pharmacies yet encountered in his travels.

Mr. P. Grummet spent the last week in April at Birks—Chemists, Rundle street east, during the absence of Mr. E. Theel. He then relieved Mr. R. Brougham, of Mitcham, for a week. Other engagements have been Mr. W. Grove, of Edwardstown; Cavanagh's Pharmacy, of Maylands (Mrs. K. Read); Mr. A. A. Russell, of Hyde Park, and Mr. W. Clarke, of Colonel Light Gardens.

ENGAGEMENT

Dawson—Nicholls.—The engagement is announced of Rosalind Margaret, only daughter of Mr. and Mrs. A. L. Dawson, of Ashford, to William John, only son of Mr. and Mrs. W. G. Nicholls, of Plympton Park.

WEDDING

The marriage of Valmai Lorraine, daughter of Mr. and Mrs. D. R. Glastonbury, of Brighton, to John Warden-Flood, son of Mrs. H. Flood, of Woodlands Park, and the late Mr. Flood, was celebrated in St. Columba's Church, Hawthorn, on April 27.

BIRTHS

Kildea.—To Mary, wife of Brian—a son (Michael Shamus) at Kingscote.

De Waard (nee Stephens).—To Gwen, wife of Peter, at Glenelg Community Hospital, on April 18, a daughter (Debra Anne).

DANGEROUS DRUGS CHARGE

Ward Hudson Leonard, 29, of Yacca road, Seaclyff, was charged in the Adelaide Court during April with having unlawfully obtained a prescription from a doctor for a dangerous drug, and at Henley Beach on April 12 with having given a false name and address to a doctor for the purpose of obtaining a prescription. A remand was granted until April 23. Bail was allowed.

CONVICTION FOR DRIVING UNDER THE INFLUENCE OF A DRUG

In a recent press report it was stated that a mechanic, Ivan Silin, 45 years of age, arrested on a driving charge, was under the influence of a drug which he had been taking for some years for a heart complaint. He was charged with having driven a car at Pooraka while so much under the influence of liquor or a drug as to be incapable of exercising effective control.

He was fined £30 with £6/5/- costs, and had his driving licence suspended until further order. The original charge was driving "so much under the influence of liquor or a drug." This was amended to eliminate reference to liquor, to which amended charge the defendant admitted guilt.

PHARMACY BOARD

Monthly
Meeting

The Pharmacy Board of South Australia met at 27 Grenfell street, Adelaide, on April 10, at 7.45 p.m.

Present.—Mr. K. S. Porter (President) in the Chair, Messrs. E. F. Lipsham, L. A. Craig, B. F. Mildren, D. C. Hill, A. E. Bowey, G. L. Burns and the Assistant Registrar.

SOUTH AUSTRALIA—Continued

Correspondence.—From and to Mrs. A. M. Tasker, of Queensland, originally from New Zealand, re registration in South Australia.

From and to Miss G. Combe regarding entrance to Pharmacy Course in 1958.

P.A.A. Conference.

Containers for Tablets, Etc., Dangerous to Children.—Letter to Mr. K. D. Johnson, advising recommendations made regarding distinctive caps for containers.

Letter to Hunkin, Ellis & King Ltd., confirming order for 600 envelopes, each containing 50 labels, and making provision for stocks to be carried by printers. The order had not yet been fulfilled. Mr. Lipsham undertook to report to the next meeting on progress of the printing.

Proposed Adelaide Conference.—The Assistant Registrar reported that a sub-committee meeting had been called for May 1, to discuss preliminary plans for the next P.A.A. Conference.

Apprentices.

Completion of Indentures.—The Assistant Registrar was authorised to complete the indentures of three former apprentices in accordance with the regulations.

National Service Training.—Letters were received from three apprentices giving details of National Service Training, as previously requested.

Copies of indentures for noting of extension were received from six apprentices. The Assistant Registrar was authorised to note the extension as in accordance with the regulations.

Galenicals.—A copy of the completed Book "C" as received from the printer was tabled for inspection by members, who expressed general approval with the publication.

The new Galenical Note Book was also produced for inspection, and it was resolved that copies of such be distributed to students from 1958 onwards.

A sub-committee of Messrs. Lipsham and Bowey reported on additions of cachets, pills, suppositories, etc., to the four sets of Galenical Exercises and on the variation of the Galenical instruction sheet accordingly. The suggestion was received and authority given for the sub-committee to draft the recast of the instruction sheet and incorporate the recommendations.

Notice of preliminary meeting of apprentices enrolled in 1956 was submitted. The students would be addressed by Mr. D. C. Hill as representative of the Pharmacy Board and Mr. R. N. Taylor representing the checking officers.

Students in the Course.—A report was received on the numbers in the course for the four years, and additional commencing dates for indentures of a further batch of students were approved.

Inspector's Reports.—Reports of routine inspections were received.

Two special cases were further considered, and the necessary action to be taken duly authorised.

Labels.—Correspondence was directed to three pharmaceutical chemists regarding labels not complying with requirements. Progress reports were received.

Essential Equipment for the Training of Apprentices.—The position relating to essential equipment for the training of apprentices in the pharmacies of prospective masters was further reviewed.

Register.—The Assistant Registrar was authorised to strike from the Register the names of three deceased chemists, M. J. Murphy (died March 8), R. E. Cavanagh (died March 25), and S. C. Patterson (died April 4).

Practising Certificates.—Regarding lost Practising Certificates, it was resolved that a letter be forwarded to each of the applicants advising that there is no power to issue duplicates, but giving details contained in the original certificates.

Relievers.—Twelve appointments were notified.

PHARMACEUTICAL SOCIETY

Council Meeting

The Council of the Pharmaceutical Society of South Australia met at 27 Grenfell street, Adelaide, on May 7, at 7.45 p.m.

Present.—Mr. A. A. Russell (President) in the Chair, Messrs. D. F. J. Penhall, B. G. Wandke, J. R. Pickering, K. D. Johnson, E. F. Lipsham, Miss Z. M. Walsh, and the Assistant Secretary.

Correspondence.—From Mrs. H. J. Southcott, advising office-bearers and committee, elected for year 1957, of the Women Pharmaceutical Chemists' Association of South Australia. The Assistant Secretary was directed to acknowledge and convey congratulations to all electees.

From Pharmaceutical Society of New South Wales, forwarding copy of letter to Director-General of Health, Canberra, on Standardisation of Size of Tablets. It was resolved that this Council endorses the approach made by the Pharmaceutical Society of New South Wales in this matter, and authorises the forwarding of a similar letter to the Director-General of Health.

To Mrs. D. Patterson, expressing sympathy in recent bereavement.

From Mrs. J. B. Cavanagh, acknowledging expressions of sympathy in recent bereavement.

Message received regarding illness of Professor A. K. Macbeth. The President reported that he had already written personally to Professor Macbeth. The Assistant Secretary was directed to forward a letter from members of the Council.

Commercial Pharmacy.—Mr. Lipsham reported on further discussions which he had had with Mr. R. H. Billing and the scope of the latter's lectures, which would commence in the second term. Mr. Lipsham added that the progress made with the lectures by Mr. R. C. McCarthy was very satisfactory.

Annual Prizes.—Letter from Parke, Davis & Co. regarding visit of prizewinners to Sydney in January, 1957.

Appointment of Relieving Lecturer.—Letter to Mr. B. H. Stock, advising terms of appointment during absence of Mr. R. A. Anderson abroad on the Pfeiffer Scholarship. Acknowledgment from Mr. B. H. Stock, accepting terms.

Syllabus of Victorian College of Pharmacy and Handbook of Examinations.—Mr. Johnson submitted a comprehensive report on his examination of the handbook. Mr. Johnson's report was received, and the Assistant Secretary was directed to bring forward the matter of a proposed handbook for consideration at a later meeting.

An extract from "A.J.P.," March, 1957, at page 236 (second column), was read to the meeting. The article had been prepared by Mr. G. T. Peterson, and gave his considered opinion that Practical Pharmaceutical subjects should only be taught by experienced pharmaceutical chemists. As the course in South Australia had developed along these lines, this expression of opinion was noted with satisfaction by members.

Financial.—Statement for the month of April was submitted and adopted, and accounts totalling £2277/12/6 were passed for payment.

1958 A.N.Z.A.A.S. Conference.—Letter from Mr. A. E. Bowey, asking for publicity for 1958 Section "O" meetings, and requesting Council's permission to speak for a short time on such at annual general meeting in August, 1957. Approved.

Letter from Mr. Bowey for submission to Conference sub-committee, and reply advising recommendation that meetings be held in vacation of May, 1959.

SOUTH AUSTRALIA—Continued

Proposed Pharmacy Building.—It was resolved that Messrs. Pickering and Wandke be appointed a sub-committee to investigate the availability, recent sales, and approximate present values of city properties, and for the preparation of a report to be submitted to the annual meeting in August next.

Post-graduate Talks.—The Convenor (Mr. Penhall) reported on a meeting of the sub-committee held on April 18. As a result it was recommended that:—

Meetings should be held in the University Staff Room, with light refreshments.

The Staff Room bookings be in the hands of Mr. A. E. Bowey.

Meetings be limited to two in 1957, in view of the week-end convention in August, viz.: July 18 and October 22, 1957.

Suggested topics were "TB" and "Radioisotopes with Medical Application."

The report was received, and it was decided to advise F.P.S.G.A. (S.A. Branch) of the proposed dates.

A Proposed Week-end Convention.—The Convenor (Miss Walsh) reported further on the preliminary arrangements. It was resolved that the Week-end Convention on August 24-25 be held, and that the Convenor arrange suitable speakers and report on her negotiations to the next meeting, and that the Convenor be authorised to circularise all members when definite details of the Convention have been finalised.

Elections.—Letter from Returning Officer, advising five nominations received, as under, to fill four vacancies:—D. F. J. Penhall, J. R. Pickering, A. A. Russell, N. L. Smyth and B. G. Wandke.

The ballot will be held on June 30. Ballot papers will be issued on or before June 7.

P.A.A. Conference.—The President reported on meeting of sub-committee held on May 1. The recommendations contained in the report were received, and the matter of the possible extent of finance available was also discussed.

It was resolved to forward to the Executive of the Pharmaceutical Association of Australia a recommendation that the Conference be held in Adelaide in the University vacation of May, 1959.

Annual Meeting.—The Assistant Secretary reported that the R.A.O.B. Hall, Morphett street, Adelaide, had been booked for August 27, 1957, at 7.45 p.m., for the purpose of holding the annual meeting, and that the charge would be £3/3/-.

Membership.—Application received from Mr. Z. Rosstek was approved.

The Assistant Secretary reported that all outstanding subscriptions had now been received, and the report was received with satisfaction.

Social Functions.—The Convenor (Mr. Penhall) submitted a progress report on arrangements made for the complimentary dinner to newly qualified members on June 13, and on the proposed evening for Mr. and Mrs. Anderson.

The Assistant Secretary was directed to advise members of the State Branch of the F.P.S.G.A. and the Pharmacy Board, and also others who had replied showing interest in the function, that it was proposed to proceed with the evening at the "Lido" in honour of Mr. R. A. Anderson, and that the approximate charge would be £4/4/- per head.

Present.—The President (Mr. H. G. Collyer) and Messrs. E. Lloyd Miller, A. C. Holloway, G. K. F. Scott, V. L. Mitchell, R. R. Patrick, A. A. Russell, A. G. Lean and the Secretary.

Report re Prices Dept.—Mr. Russell reported that a letter had been sent to the Prices Minister and also to the Prices Commissioner. No official return had been received, but Mr. Russell informed the meeting that an Officer of the Prices Dept. had told him that the matter was under consideration. The matter of closing on a Saturday night be considered seriously.

Agreement With Southern Drug Co. Ltd.—It was decided that the agreement be left as it is at present and no modification be introduced.

Chamber of Manufactures, Re Basic Wage Increase.—Received. Send to all members the hourly rates applicable under the new wages increase.

Pharmaceutical Benefits.—Our letter to the Department of Health re Pharmaceutical Benefits has been forwarded to the Director-General of Health for consideration.

West Aust. Price List and Notices.—Referred to Pricing Officer to report thereon.

Send a copy of Sticker to Mr. Ross to ascertain if something like this could be put on sticker tape and supplied to all members.

Motor Taxation.—Resolved that the matter be taken up with Mr. Russell and Mr. Attiwill to confer with Melbourne Taxpayers' Association.

Holiday Hours.—Resolved that in future the 4 days for total holidays be Christmas Day, New Year's Day, Good Friday and Anzac Day, and that all members be closed on those days, except for emergency services.

Barmera Meeting.—Resolved that a meeting be held at Waikerie instead of Barmera, and that the meeting be held on July 7 at 10.30 a.m.

F.S.M.A. & P.B.A.—Suggest that all P.B.A. & P.M.S. prescription forms should have written on the face thereof that the prescription can be dispensed at any pharmacy. Resolved that the matter be referred to Mr. Attiwill to attend to.

Hobart Blue Cross Conference.—A lengthy discussion took place on the matter relative to the Mutual Hospital Association, and it was resolved Mr. Attiwill and Mr. Russell be authorised to interview Mr. Fisher of the Mutual Hospital Association on May 13, and report back.

Merchandising Competition.—Report received and referred to Pricing Officer to consider. Report to be sent to members.

Glucosels Letter to Mr. Copeland received, and Glucosel scheme approved. Resolved that Mr. Ross be advised to send more colouring-in forms to S.A.

Trade & Commerce Conference.—Notify Federal Secretary that a person will be appointed to attend the Prices and Trade & Commerce meeting.

Membership.—It was noted that Mrs. L. J. Moloney has taken her son, Mr. P. R. G. Moloney, into partnership and that they will trade at both shops under the name of L. J. Gryst.

Financial.—Accounts amounting to £241/5/9 were passed for payment.

Pricing Officer's Report.—The Pricing Officer (Mr. G. K. F. Scott) gave a list of price alterations, etc., to send to all State members.

Business for Next Meeting: (a) To consider week-end closing. (b) To make a remit to Federal Council meeting that the Southern States "Gilseal News" be taken over by the Federal Office. (c) Re authorisation forms for repeats on P.B.A. (d) Re finish of A.G.M. bottles.

Port Pirie Meeting.—Mr. Russell stated he had contacted Mr. Gartrell and Mr. Bailey on matters arising from the Port Pirie meeting. Mr. Lean raised the point of price of Irradol A. Referred to Pricing Officer for decision.

The meeting closed.

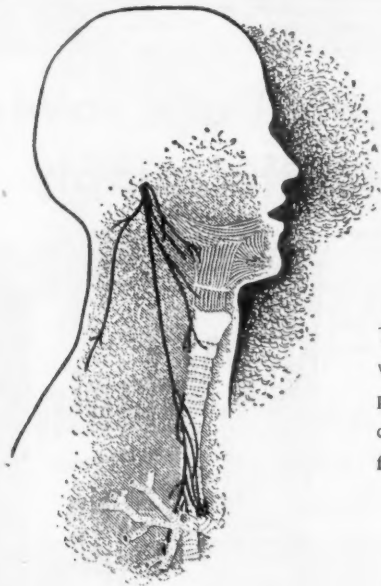
THE GUILD

S.B.C. Meeting

The State Branch Committee of the South Australian Branch of the Guild met at 254 Sturt street, Adelaide, on May 13, at 7.45 p.m.

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The Australasian JOURNAL OF PHARMACY, May 30, 1957

(Advertisement)

13

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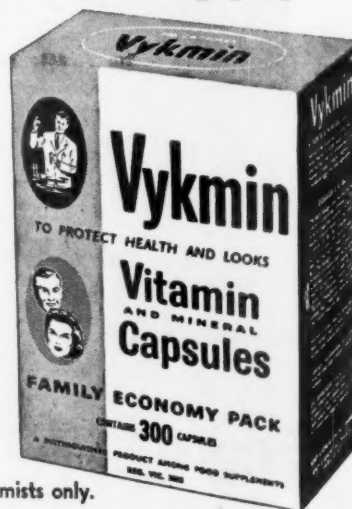
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IT'S YOUR DENTURES, JANE. THEY'RE GETTING GRADUALLY DULLER, YOU MUST DO SOMETHING!

BUT MOTHER I CLEAN THEM EVERY DAY!

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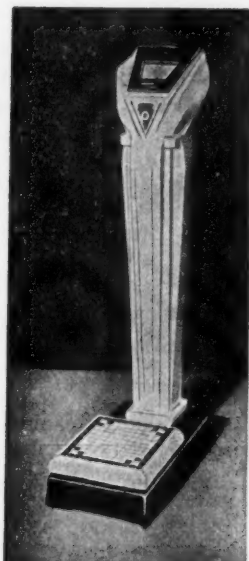
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(Cards of 1955 and 1956—£2/2/- per year.)

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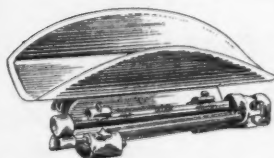


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Will not fray or unravel at the edges. Provide
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Healthy and comfortable to wear.

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